New Mexico Vaccines for Children Program

2025 Provider Manual

NMHealth

www.nmhealth.org

New Mexico Vaccines for Children

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SECTION 1. INTRODUCTION AND OVERVIEW

The Vaccines for Children (VFC) program is a federally funded entitlement program that provides vaccines at no cost for children who might not be vaccinated because of inability to pay. It was created through United States Federal Law (42 USC § 1396) and is administered by the Centers for Disease Control and Prevention (CDC) as a component of each state's Medicaid plan.

Children from birth through 18 years of age who meet eligibility requirements can receive federally funded vaccine. Since its inception in 1994, the VFC program has improved vaccine availability, increased immunization coverage, and reduced disparities in access to health care.

Vaccines for Children Program in New Mexico

The New Mexico (NM) Immunization Program (IP) implements the VFC program within the state. We manage the budget, order vaccines, enroll and educate providers, and ensure program compliance through periodic site visits. The NMIP VFC program is comprised of a VFC program manager and administrative staff at the NM Department of Health headquarters office. The state is divided into five public health regions: Northeast, Northwest, Southeast, Southwest and Metro. Each region has an office with a regional coordinator and additional staff. Most provider interaction with the VFC program will be through their respective regional offices (see Appendix DD).

Our two primary goals are to make sure VFC vaccine is at your clinic when you need it and that you are keeping the vaccine safe and viable by complying with the program's federal and state requirements.

Working in partnership with enrolled providers throughout the state, the VFC Program distributed pediatric vaccine last calendar year (2024) that was valued at more than ***$42.1 million.***

Publicly Funded Vaccine Available in NM

New Mexico's publicly funded vaccines are funded through three primary sources: Federal funding (VFC), Section 317 of the US Public Health Service Act (317) used primarily for adult immunization, and State appropriations. As a Medicaid entitlement program, the VFC budget adjusts annually to cover all recommended childhood vaccines for New Mexico's VFC-eligible children. Vaccine programs funded from other sources vary year to year in response to changing budgets and public health concerns.

New Mexico Statewide Immunization Information System (NMSIIS) - Ordering and Managing Publicly Funded Vaccine

The NMIP VFC program receives its funding for vaccines, approved annually by the Office of Management and Budget (OMB). The funds are allocated through the Centers for Medicare and Medicaid Services (CMS) to CDC. CDC then awards VFC funding to the NMIP. The CDC is the lead agency responsible for VFC policy development and national program oversight. NMIP is responsible for implementing the program, ensuring proper vaccine stewardship and accountability. NMIP is responsible for ensuring compliance with VFC program requirements for documentation, vaccine storage and handling, reporting, minimizing loss and waste, and ensuring that vaccines purchased with VFC funding are administered only to VFC-eligible children.

NM VFC providers must order and manage publicly funded vaccine inventory through the State's web-based immunization information system, NMSIIS. To gain access to NMSIIS, provider facilities must complete an application to participate, and click here on the *Onboarding Checklist and Guide* in NMSIIS Reports to complete the required documentation, training, and testing.

This manual does not provide in-depth NMSIIS information or training. The NMSIIS log in page is located at https://nmsiis.health.state.nm.us/webiznet_nm/Login.aspx. You can request NMSIIS help, training, and support by calling the Help Desk:

Toll-free	833-882-6454

VFC Program Vaccines Available to Providers				
Vaccine	Brand Name	Presentation	Manufacturer	Funding
DTAP	Infanrix	10 pk - 1 dose syringes	GSK	Blended
DTap-HepB-IPV	Pediarix	10 pk - 1 dose syringes	GSK	Blended
DTap-IPV-Hib	Pentacel	5 pk - 1 dose vials	SP	Blended
DTap-IPV	Kinrix	10 pk - 1 dose syringes	GSK	Blended
DTap-IPV-Hib-Hep B	Vaxelis	10 pk - 1 dose syringes	Merck/Sanofi	Blended
Hep A Pediatric	Havrix	10 pk - 1 dose syringes	GSK	Blended
Hep A Pediatric	Vaqta	10 pk - 1 dose syringes	Merck	Blended
Hep B Ped/Adol	Engerix B	10 pk - 1 dose syringes	GSK	Blended
Hep B Ped/Adol	Recombivax	10 pk - 1 dose syringes	Merck	Blended
Hib	ActHIB	5 pk - 1 dose vial	SP	Blended
Hib	PedvaxHIB	10 pk - 1 dose vial	Merck	Blended
HPV	Gardasil	10 pk - 1 dose syringes	Merck	Blended
MCV4	MenQuadFi	5 pk - 1 dose vials	SP	Blended
MCV4	Menveo	5 pk - 1 dose vials	GSK	Blended
Mening ABCWY	Penbraya	1 pk - 1 dose/5pk - 1dose	Pfizer	Blended
Mening B	Bexsero	10 pk - 1 dose syringes	GSK	Blended
Mening B	Trumenba	10 pk - 1 dose syringes	Pfizer	Blended
MMR-II	MMR	10 pk - 1 dose vials	Merck	Blended
MMRV	ProQuad	10 pk - 1 dose vials	Merck	Blended
Polio IPV	IPOL	10 dose multi dose vial	SP	Blended
PPSV23	Pneumovax	10 pk - 1 dose syringes	Merck	Blended
PCV15	Vaxneuvance	10 pk - 1 dose syringes	Merck	Blended
PCV20	Prevnar 20	10 pk - 1 dose syringes	Pfizer	Blended
RV	Rotarix	10 pk - 1 dose vials	GSK	Blended
RV	RotaTeq	10 pk - 1 dose tubes	Merck	Blended
TD	Tenivac	10 pk - 1 dose syringes	SP	Blended
Tdap	Boostrix	10 pk - 1 dose syringes	GSK	Blended
Varicella	Varivax	10 pk - 1 dose vials	Merck	Blended
Flu 2024-2025	Flumist	10 pk - Sprayer	AstraZeneca	Blended
Flu 2024-2025	Fluzone- Syringe	10 pk - Syringes	Sanofi	Blended
Flu 2024-2025	Flulaval	10 pk - Syringes	GSK	Blended
RSV (100mg)	Beyfortus	5 pk - 1 dose syringe	Sanofi Pasteur	Blended
RSV (50mg)	Beyfortus	5 pk - 1 dose syringe	Sanofi Pasteur	Blended
RSV 60+ /Pregnancy	Abrysvo	5 pk - 1 dose vial	Pfizer	Blended
COVID-19	Moderna 12y+	10 pk - 1 dose syringe	Moderna	Blended
COVID-19	Moderna 6m-11y	10 pk - 1 dose syringe	Moderna	Blended
COVID-19	Pfizer 12y+	10 pk - 1 dose syringe	Pfizer	Blended
COVID-19	Pfizer 5y-11y	10 pk - 1 dose vial	Pfizer	Blended
COVID-19	Pfizer 6m-4y	10 pk - multidose vial	Pfizer	Blended

Vaccine Abbreviation Definitions

- Diphtheria Tetanus acellular Pertussis (DTaP)
- Inactivated Poliovirus (IPV)
- Hemophilus influenza type B (Hib)
- Hepatitis B (HepB)
- Hepatitis A (HepA)
- Human Papillomavirus 9 (HPV9)
- Influenza (seasonal)
- Meningococcal ACWY (MCV4)
- Meningococcal ABCWY (Mening ABCWY)
- Meningococcal B (Mening B)
- Measles Mumps Rubella (MMR)
- MMR Varicella (MMRV)
- Pneumococcal Polysaccharide 23 (PPSV23)
- Rotavirus (RV)
- Respiratory Syncytial Virus (RSV)
- Tetanus Diphtheria (Td)
- Td acellular pertussis (Tdap)
- Varicella
- Influenza (Flu)

Document Retention Requirements- VFC-Related Documents

VFC providers must retain all VFC-related documents and electronic information for three years*. This includes VFC screening and eligibility records, temperature logs, data logger temperature data, billing records, and vaccine purchase and inventory management records (i.e., reconciliation worksheets, count sheets, etc.).

* Please note that this VFC Program regulation is a minimum requirement; state and/or federal law(s) may mandate lengthier retention schedules for some document types:

Medical (Immunization) Records

New Mexico law typically requires that doctors retain immunization records of minor patients for 10 years past the date of last treatment or until the minor turns 21, whichever is later. § 16.10.17.10 (D) NMAC.

New Mexico law typically requires that hospitals retain immunization records of minor patients until 10 years following the last discharge of the patient. N.M. Stat. Ann. § 14-6-2.

Medicaid Billing Records

New Mexico law requires that health care facilities retain billing records for a period of at least 6 years from the payment date. § 8.302.1.17(B) NMAC.

SECTION 2. PROVIDER ENROLLMENT

Who Can Apply to Become a VFC Provider?

Any healthcare provider serving children 0 through 18 years of age and is authorized to prescribe vaccines under New Mexico State law can apply to become a VFC Provider, provided they meet the following criteria:

- Provider agrees to all program requirements, including educational requirements and participation in site visits.
- Provider agrees to provide all ACIP-recommended vaccines for the populations they serve.
- The health care professional signing the Provider Agreement is the medical director or equivalent, has a valid license to administer vaccines in New Mexico, and the authority to ensure that the facility and all providers listed on the agreement adhere to the requirements of the program.
- Provider has the capacity to order, receive, and manage public vaccine, including proper vaccine storage, handling, and temperature monitoring capacity as described in Sections 3-9. This capacity includes storage units, data loggers, IT capacity, and full-time staff.
- Provider and provider staff are not included on the Office of Inspector General's *List of Excluded Individuals and Entities* (LEIE).
- Provider is on site, with appropriate staff available, to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours during that day.

VFC Provider Application for New Providers

Providers wishing to be considered for the VFC Program must begin by completing and submitting a *VFC Provider Application* for review. The application can be accessed via the link New VFC Provider Assessment.

VFC Applicant Acceptance and New Provider Enrollment

If applicant is accepted, the next step is to complete and submit their enrollment to the VFC Program:

- **VFC Enrollment Packet** – Available on the NMDOH website at: https://nmhealth.org/about/phd/idb/imp/vfc/ (search for 'Provider Portal')

- **Submission of a digital signature, completed VFC Provider Agreement -** The VFC Provider Agreement outlines the requirements of the VFC program and required enrollment information.
- **NMSIIS Memorandum of Agreement (MOA), and System Access Requests** – The NMSIIS MOA (one per facility) and System Access Requests (one per person requesting NMSIIS access) are required to set up your NMSIIS account.

Overview of VFC New Provider Site Requirements

Review all sections of this guide for complete details regarding Program Requirements:

- **Vaccine Storage Equipment** – On-site stand-alone refrigerator and freezer; storage units must have enough room to store the largest inventory a provider might have at the busiest point in the year (e.g. flu season) without crowding. To assess storage unit capacity needs, see Section 4.
- **Digital Data Loggers (VFC 400)** – To meet CDC requirements, certified as calibrated digital data loggers are required for each public vaccine storage unit (refrigerators and freezers). All sites must also have a currently calibrated backup data logger. Data loggers must be installed according to Immunization Program guidance. For additional information and regulations, see Section 5.
- **Issuance of VFC Provider Identification Number (PIN)** - Once your VFC enrollment is processed and you have scheduled an enrollment visit, you will be issued a VFC PIN number.
- **Issuance of NMSIIS access and login Information** – Upon completion of the NMSIIS Onboarding requirements, you will be sent your NMSIIS access and login information.
- **Enrollment Visit** – During an enrollment visit, New Mexico Immunization Program staff will visit your site, explain the VFC program, inspect your vaccine storage equipment, and answer questions. Enrollment visits are conducted in person.
- **Fulfillment of Educational Requirements – New VFC providers must designate both a primary VFC Vaccine Coordinator and backup**. Primary and backup coordinators, along with the provider signing the VFC agreement, must complete their educational requirements prior to placing their first vaccine order. Details in Section 6.
- **Storage Unit Approval** – New VFC providers must submit five consecutive days of data logger temperatures and the corresponding paper temperature

logs for all VFC vaccine storage units and cannot receive VFC vaccine until the Immunization Program approves the units. Details in Section 4.

Please note that the timing and sequence of VFC enrollment activities may vary and is dependent upon your location's availability, and the availability of your staff and the Immunization Program staff. Generally, VFC enrollment can be completed in two to four weeks.

Note for both new and current providers

Change Notification Requirement - VFC providers must immediately update their site's information in NMSIIS any time there is a change. Each year VFC providers must calculate and submit an updated Provider Population to report the total number of pediatric patients by age and VFC-eligibility category to the Program. This information is your Provider Population and must be obtained from actual immunization data from the previous year.

Current Providers Re-Enrollment

All current VFC providers must re-enroll (or recertify) in the program every two years by completing the VFC Provider Enrollment in NMSIIS. The Program notifies providers when the re-enrollment period begins and provides instructions for completing this process.

When the re-enrollment period begins in the spring, providers will have 60 days to complete the process and have it approved. If the re-enrollment process is not completed and approved in the 60-day time frame, providers will not be allowed to order vaccine. Providers who do not submit a completed enrollment before the deadline will be suspended until they have received approval from the program.

Completed Provider Enrollments are **submitted electronically via NMSIIS** for Program approval. These documents are not accepted in any other format.

Gather the following data in advance to prepare for the re-enrollment process:

- **Facility Information** – Facility name, shipping address, and contact information. Review and update, if necessary.
- **Facility Type** – Select the most appropriate type (Private or Public).

- **Vaccines Offered** – With the exception of "Specialty Providers" {i.e., a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD Clinic; Family Planning, birthing hospital) or (2) a specific age group within the general population of children ages 0-18}, VFC providers must offer all ACIP-recommended vaccines for the populations they serve.
- **Provider Population** – Annual immunization patient numbers for your facility by age group and VFC eligibility status. The source of the numbers differs depending on whether you are an integrated or aggregate provider.
- **Manual Entry providers** – If data entry is up-to-date and client VFC eligibility status has been accurately designated throughout the year, then provider population numbers will automatically populate the table based on the immunizations entered into NMSIIS over the past year. Please review for accuracy.
- **Data Exchange providers** – Pre-populated numbers come from the previous year's Provider Agreement. Enter updated information using your eligibility screening documentation from the past year (See Section 10 – VFC Eligibility Determination and Documentation.)
- **Type of Data Used to Determine the Provider Population** – Select all that apply.
- **Vaccine Delivery Times** – Facilities must be open with appropriate staff available to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours during that day.
- **Medical Director or equivalent** – Name, specialty, license number, Medicaid or NPI number, and employee identification number.
- **VFC Vaccine Primary and Backup Coordinators' Information** – Name, contact information, and status of annual training completion.
- **List of Providers** – Name, title, license number, and Medicaid or NPI number.
- **Provider Agreement** – This portion of the contract lists the federal statutory requirements of the VFC Program as defined in 42 USC § 1396 and must be signed by the medical director or equivalent at your facility. By electronically signing this document and accepting shipment of VFC vaccine, your facility agrees to abide by the requirements of the VFC Program.

For successful re-enrollment, the following information must also be provided/updated:

- **Evidence of completion of the Provider Education Requirement** – Both the primary and the backup vaccine coordinators, along with the provider signing the agreement must provide documentation they have met the annual Provider Education Requirements (see Section 6 for more details).

SECTION 3. VACCINE MANAGEMENT PLANS– ROUTINE AND EMERGENCY

The VFC program works with providers to develop vaccine management plans that include feasible standard operating procedures for routine and emergency vaccine management.

VFC providers must develop, maintain, and implement a Routine Vaccine Management Plan and an Emergency Vaccine Management Plan with detailed and up-to-date standard operating procedures for safe and effective vaccine management.

The VFC program provides templates for each plan to assist providers. Please see Appendices A and B for samples of the templates provided by the Program. Please see Appendices C and D for instructions to complete the templates.

Vaccine Management Plans must address:

- Contact information for current primary and backup vaccine coordinators.
- Provider staff roles and responsibilities.
- Documented training related to vaccine management.
- Proper storage and handling practices, including how to handle a temperature excursion.
- Procedures for vaccine ordering, receiving, inventory control, stock rotation, and handling vaccine loss and waste.
- Procedures for emergency situations, including transport, equipment malfunction, power failure, and natural disaster.

Plans must be posted on vaccine storage unit doors.

Providers should plan for emergency situations such as power outages, natural disasters, and equipment failure. This plan should be detailed in the Emergency Vaccine Management Plan (see Appendix B) so providers can follow the protocol for protecting vaccines, including possible transport methods and alternative storage locations.

Providers must always keep the supplies needed for emergency transport of refrigerated and frozen vaccines on hand and ready to use.

In large facilities (sites that give more than 750 doses of vaccine annually), generators and a security system to alert appropriate staff in the event of a power outage are strongly recommended.

If used, generators should be tested quarterly and serviced annually based on manufacturer specifications for testing procedures and maintenance schedules.

Vaccine loss is both costly and preventable. The VFC program and NM VFC providers are responsible for maintaining vaccine viability from the time a shipment arrives at a facility until a dose is administered. Therefore, CDC-established vaccine management practices related to ordering, inventory management, and storage and handling are critical to minimizing vaccine loss and waste and potentially putting VFC children at risk from compromised vaccine. Well-written Vaccine Management Plans (VMPs) are an invaluable and required part of the VFC site's success.

The VFC Program is responsible for:

- Ensuring vaccine coordinators being properly trained and implementing a Vaccine Management Plan in their facilities.
- Providing education and training resources to providers on best practices for vaccine ordering, inventory management, and storage and handling.
- Establishing and enforcing vaccine inventory accountability policies.

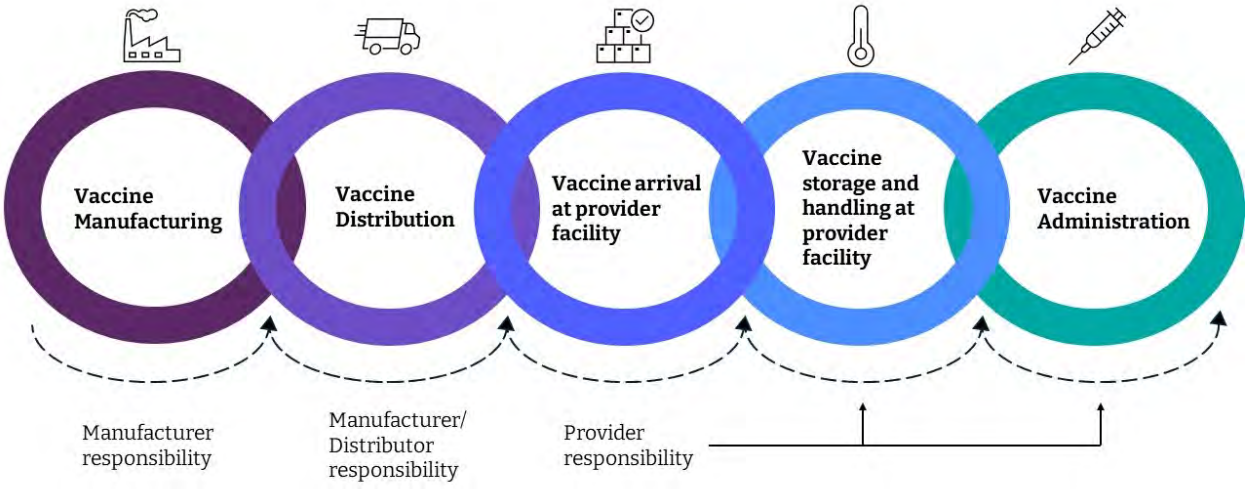
In the Emergency Vaccine Management Plan, the listed alternative storage locations must be active VFC sites. Vaccine Management Plans must be updated annually or more frequently as needed and verified as current with the vaccine coordinator's signature and date of review. Visit Packing Vaccines for Transport during Emergencies (cdc.gov) for detailed information on packing vaccines for emergency transport.

The vaccine coordinator and backup coordinator must be fully trained on routine and emergency standard operating procedures for vaccine shipments, storage and handling, transport, and inventory management. Other provider staff may also need training, including those who are involved with vaccine management and storage and handling.

SECTION 4. VACCINE STORAGE AND HANDLING

Vaccine Cold Chain

All VFC vaccine storage and handling requirements and recommendations are in place to ensure the vaccine cold chain is maintained. The cold chain begins at the manufacturing plant, includes delivery to and storage at the provider facility, and ends with administration of vaccine to the patient. Too much exposure to heat, cold, or light at any step in the cold chain can result in a loss of vaccine potency. Once potency is lost, it cannot be restored. Each time vaccines are exposed to improper conditions potency is reduced even further. With loss of potency, vaccines are unable to provide immunity for the vaccinated individual.



CDC's Vaccine Storage and Handling Toolkit provides guidance on safe and effective vaccine management practices for all health care providers. Though VFC providers are required by the VFC program to implement only certain recommendations and best practice guidance, he NM VFC program strongly encourages providers to adopt all recommendations and best practices in the CDC Vaccine Storage and Handling Toolkit. Following the Toolkit's guidance can minimize vaccine loss, revaccination, restitution, and disciplinary action. The result is maximum vaccine effectiveness and patient protection.

VFC providers are required to establish storage and handling policies and procedures in their Vaccine Management Plans, based on the recommendations and best practices of CDC's Vaccine Storage and Handling Toolkit. These procedures should be easily accessible and kept near vaccine storage units.

VFC provider's Storage and Handling Policies and Procedures must address:

- Receiving and documenting vaccine shipments, including whom to contact with a problem related to a shipment.
- Daily monitoring and recording of storage unit temperatures, including responding to any temperature excursion.
- Managing expired, spoiled, or wasted vaccine.
- Vaccine handling and preparation.
- Emergency situations.

VFC providers must be prepared to comply with these VFC program requirements and best practices:

- Store vaccines under proper storage conditions at all times.
- Dedicate vaccine refrigerators and freezers to the storage of vaccines only; if storage of medications or biologics is necessary, store below vaccines on a different shelf.
- Store frozen vaccines (MMR, MMRV, and Varicella) between -58.0°F and 5.0°F (-50.0°C and -15.0°C) according to manufacturer recommendations.
- Store all other refrigerated vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations.
- Store vaccines in original packaging and within closed boxes to protect from light and allow for air circulation.
- Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type.
- Do not store vaccines in storage unit doors, drawers, floor or bins.
- Place vaccines with the earliest expiration dates toward the front of vaccine storage units and use.
- When diluent e packaged with vaccines, store them together. Otherwise, diluents may be stored in the refrigerator or at room temperature; never freeze diluents.
- If storage of medications or biologics is necessary, store them below the vaccines and on a different shelf to prevent contamination of vaccines due to spills.
- Never store food or beverages in vaccine storage units. Vaccines will be at risk of damage by temperature fluctuations and excessive light exposure (due to frequent door openings as staff access food) and contamination from spills.

VFC Storage and Handling Equipment Requirements

To ensure the viability of VFC vaccines, **providers must have**:

- Stand-alone storage units that maintain correct temperatures at all times.
    - Refrigerator temperature between 2°C and 8°C (36°F and 46°F) (see Appendix E)
    - Freezer temperature between -50°C and -15°C (-58°F and +5°F) (see Appendix F)
- Digital data loggers (DDLs {VFC 400 only}) with continuous monitoring capabilities and a current and valid Certificate of Calibration for each unit, as well as at least one backup.

How to Determine Refrigeration Capacity

Storage units must have enough room to store the largest inventory a provider might have at the busiest point in the year without crowding. Once you've calculated your vaccine storage needs you can select the size of the pharmaceutical-grade refrigerator and/or freezer needed. The following tables provide a guideline:

For refrigerated vaccines

Maximum doses of refrigerated vaccines	Minimum cubic feet required
1000-2000	40
900-1000	36
801-900	21-23
701-800	17-19.5
400-700	16.7
100-399	4.9-6.1

For frozen vaccines

Maximum doses of frozen vaccine	Minimum cubic feet required
501-6000	7-14.8
201-500	5-5.6
0-200	3.5-4.9

! *NOTE:* The use of dormitory or bar-style refrigerator/freezer is always prohibited for vaccine storage. When household refrigerator/freezer combo units need to be replaced, they must be replaced with stand-alone refrigerators and/or standalone freezers.

VFC providers must use a LogTag VFC 400 DDL with continuous temperature monitoring capability and a current and valid Certificate of Calibration in each unit storing public vaccines.

SECTION 5. TEMPERATURE MONITORING AND RECORDING

Routine Temperature Monitoring

Providers are required to have protocols for reviewing and recording the minimum and maximum (min/max) temperature readings in vaccine storage units twice daily, preferably at the beginning and end of the workday. They should also have procedures for training appropriate staff to document, assess, and interpret temperature monitoring data. (see Appendices G and H).

CDC requires reviewing and recording min/max temperature readings at the beginning of the workday, then resetting the min/max reading. This helps to identify temperature excursions quickly so corrections can be made to prevent vaccine loss. CDC also recommends checking the current temperature of the storage unit prior to accessing and administering vaccine.

A handwritten paper temperature log is required and must include documentation of:

- At least one min/max temperature reading per day at the beginning of the workday.
- Current temperatures recorded twice daily (morning and evening); staff verifying with their printed initials.
- Time and date of each reading.
- Name or initials of the person who assessed and recorded the reading.
- The log is to be posted on each vaccine storage unit door or nearby in a readily accessible and visible location.

Providers must maintain all paper temperature logs or a backup system of electronic data (both hard copy and electronic copy) for a minimum of three years unless state statutes or rules require longer retention.

If temperatures are not monitored and documented, or if temperature logs or downloaded data files are missing or falsified, providers must acknowledge that all affected vaccines will be automatically deemed non-viable and considered a negligent vaccine loss.

Vaccines not stored at recommended temperatures might be deemed non-viable and the provider held financially accountable for the spoiled vaccines. Improper temperature monitoring includes not recording temperatures, not taking appropriate actions for out-of-range temperatures, and not ensuring staff are adequately trained. Falsifying VFC temperature logs also constitutes improper temperature monitoring. Giving a patient an improperly stored vaccine is potentially worse than not administering a dose at all, as patients may believe they are protected from the vaccine-preventable infection when in fact are not.

Digital Data Logger (DDL) Requirements

VFC providers must use a DDL with continuous temperature monitoring capability and a current and valid Certificate of Calibration in each unit storing public vaccines.

The NM VFC program requires the use of the VFC400 Data Logger unless a written request for an exception has been submitted and approved in advance.

Certificates of Calibration must be immediately accessible, allowing staff on site to present them to VFC program staff upon request.

A backup DDL must be readily available in case a DDL fails, or calibration testing is required.

VFC providers must use a DDL with continuous temperature monitoring capability and a current and valid Certificate of Calibration in each unit storing public vaccines during routine, on-site vaccine storage, vaccine transport, and mass vaccination clinics.

To meet VFC program requirements, the DDL must be equipped with:

- A temperature probe or sensor.
- An active temperature display outside the unit that can be easily read without opening the storage unit's door.
- Continuous temperature monitoring and recording capabilities and the capacity to routinely download data alarm for out-of-range temperatures.
- Temperature display showing current, minimum, and maximum temperatures.
- Low battery indicator.
- Accuracy of +/-1°F (0.5°C).
- User-programmable logging interval (or reading rate) recommended at a maximum time interval of no less frequently than every 30 minutes.

Certificates of Calibration Testing must include:

- Model/device number
- Serial number
- Date of calibration (report or issue date)
- Confirmation that the instrument passed testing (or instrument in tolerance)

A backup DDL, certified and calibrated, must be readily available in case a DDL fails, or calibration testing is required. The backup DDL should have a different calibration retesting date than other DDLs to avoid requiring all DDLs to be sent out for recalibration at the same time. If the backup DDL has the same calibration retesting date, providers must have the unit retested prior to expiration ensuring that a valid DDL is available for required temperature monitoring.

> ***NOTE:*** Some providers have purpose-built or pharmaceutical-grade equipment (e.g., doorless or dispensing units) with temperature monitoring capabilities that may be as reliable as a DDL in monitoring vaccine temperature. However, not all of these units may be capable of digitally logging temperatures or generate temperature files that are compatible with NMSIIS. When in doubt, consult CDC's vaccine storage and handling experts at izcoldchain@cdc.gov on whether the unit is capable of meeting VFC temperature monitoring device requirements, and contact the NMSIIS Team via the Help Desk to assess system compatibility.

Out-Of-Range Temperatures (Excursions)

An out-of-range temperature incident, also called a temperature excursion is any temperature outside the recommended range for a vaccine *or* a complete lack of temperature monitoring/data. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

Excursions occur when:

- Your digital data logger (DDL) alarms and the display shows an "X" next to the temperature.
- The refrigerator thermometer indicates the temperature is below 36° or above 46° Fahrenheit.
- The freezer temperature is above 5° Fahrenheit.

No Temperature Data (What To Do Following a Temperature Excursion)

If it is discovered that a data logger is turned off, or is not recording for any reason, immediately restart the data logger and follow **all** steps below:

1. Isolate the vaccines and DO NOT USE until you receive guidance from your VFC Immunization Regional Coordinator.
2. Label the vaccines "DO NOT USE" until you have received authorization from your VFC Immunization Regional Coordinator.
3. Immediately restart the data logger if it is found not to be recording for any reason.
4. Upload the data logger temperatures from all affected units into NMSIIS.
5. Contact your VFC Regional Immunization Coordinator. If you cannot reach your Regional Immunization Coordinator (contact info. on Temp. Log), leave a message then notify the VFC Health Educator at 505-827-2415.
6. Begin stabilizing temperatures in the refrigerator or freezer by slightly turning the thermostat knob. Monitor for 30 minutes; check and record temperature every five minutes until stable. Aim for 40° F in the refrigerator and below 0° F in the freezer.
7. If unable to stabilize temperatures implement your Emergency Vaccine Management Plan and move the vaccines to a VFC-approved unit with in-range temperatures.

> ! *NOTE:* If vaccines are moved, a completed Vaccine Transport Report is REQUIRED.

8. Complete the NM VFC Troubleshooting Record (TSR), located in NMSIIS Reports. (see Appendix I)
9. Contact the vaccine manufacturers. Every temperature excursion requires contacting the manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
    a. The company may ask to speak to a healthcare professional (i.e., medical assistant, nurse, or pharmacist, not a receptionist, or bookkeeper).
    b. What was the maximum and/or minimum out-of-range temperature? (both must be reported)
    c. What are the names of the vaccines made by this manufacturer that were affected?
    d. Have these vaccines been exposed to prior excursions?
    e. Are the products currently stored under recommended temperatures?
    f. Have any doses of the affected vaccines been administered since the temperature excursion occurred?
10. Email the completed TSR to your VFC Immunization Regional Coordinator: In the subject line of the email, you should include your PIN # and "TSR".
11. Wait for advice and further instruction from your VFC Immunization Regional Coordinator. Keep the vaccines stored properly but isolated and marked "DO NOT USE". Do not administer, return, or discard any vaccines unless you are instructed to do so by the VFC program. If necessary, you will complete a vaccine return in NMSIIS.

The vaccine may still be viable; therefore, vaccine must not be discarded or removed from proper storage conditions until the provider is directed by the VFC program staff.

> ! *NOTE:* Repeated exposures to temperatures that are too warm can affect vaccine viability gradually. A single exposure to temperatures that are too cold might destroy vaccines immediately.

Providers must contact the manufacturer directly to determine vaccine viability based on the storage temperature/temperature excursion for specific vaccines. If any vaccine was administered that subsequently is determined to be non-viable, the provider must contact the CDC, provide full details of the incident, request their written recommendation on how to proceed, and follow all instructions given. Documentation of compliance must be provided to the VFC program.

SECTION 6. VFC PROVIDER AND STAFF EDUCATION REQUIREMENTS

New Mexico VFC Program 2025-26 Provider Education Requirements

The Physician Signing Agreement (PSA), primary and backup vaccine coordinators are each required to fulfill current educational requirements for the New Mexico VFC Program:

Participating Annually in CHIL-e (Online) Training

- ✓ Engaging in your VFC Compliance Visit (biannual)
- ✓ Annual completion of the Vaccine Storage and Handling module of the CDC *You Call the Shots* web-based training course

All staff responsible for storing and handling vaccines are required to take or CHIL-e and:

- ✓ CDC's *You Call the Shots* Web-based Training Course modules:
  - *Vaccines for Children (VFC)*
  - *Vaccine Storage and Handling*
- ✓ CDC video: *Keys to Storing and Handling Your Vaccine Supply*

When you participate in a CHIL-e and the web-based course *You Call the Shots* modules, you will be issued a certificate. You are required to keep certificates with your NM VFC paperwork and submit them to your Regional VFC Coordinator and upload them into NMSIIS in Clinic Tools. If you need a replacement certificate, please go to online TRAIN website to print a copy.

We recommend all staff members participate in all the available educational opportunities.

- If you are enrolling as a new provider in the VFC program, you must submit a copy of all training certificates to the VFC Manager with the enrollment packet. Contact your Regional VFC Coordinator regarding ALL trainings.
- How to access CHIL-e (online) Training: Access the training at the following locations (see Appendix J for full instructions):

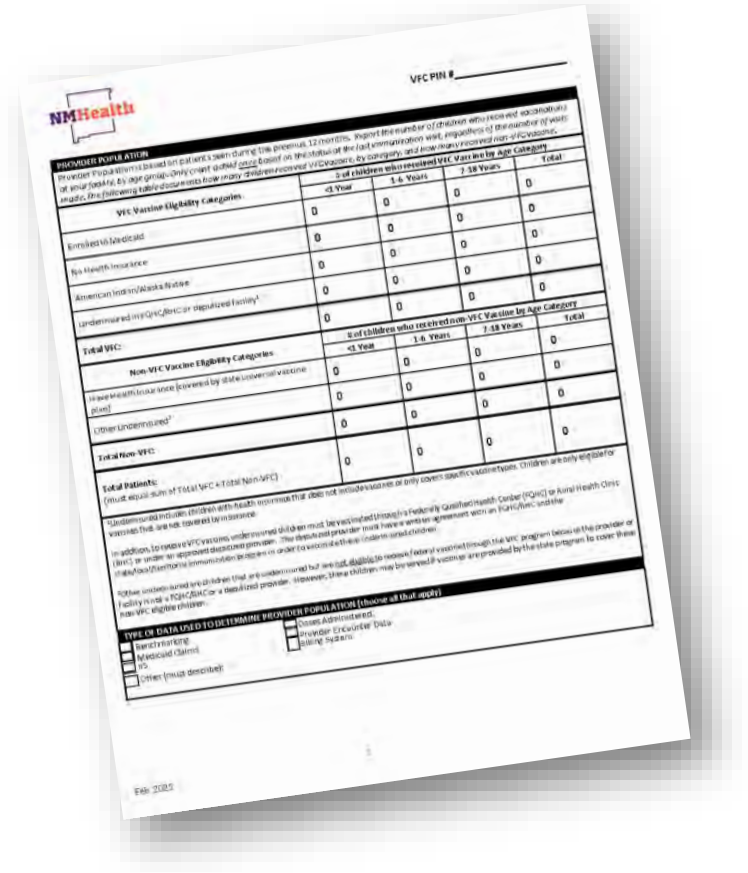
- **CHIL-e** *with CE credits* (for RNs and LPNs): https://www.train.org/nm/course/1111575/details
  RNs and LPNs must click "Interested" in earning credits when the registration pop-up appears and click "Next." In the next pop-up, confirm the interest in earning credits and click "Register" to continue. Others not interested in earning credits must click "Not interested" when the registration pop-up appears and click "Next." In the next pop-up, confirm no interest in earning credits and click "Register" to continue.

- How to access CDC's *You Call the Shots* VFC and Vaccine Storage and Handling modules:
  - https://www.cdc.gov/immunization-training/hcp/you-call-the-shots/?CDC_AAref_Val=https://www.cdc.gov/vaccines/ed/youcalltheshots.html
  - CDC's *Keys to Storing and Handling Your Vaccine Supply* video: https://www.youtube.com/watch?v=0atwOngjVQY

SECTION 7. ONGOING VFC PROVIDER AND STAFF RESPONSIBILITIES

VFC providers must immediately update their site's information in NMSIIS any time there is a change in staff, contact information, management or provider personnel, business hours, etc. Please see Appendix K and L for instructions to complete contact changes for the PSA and provider staff in NMSIIS.

Each year VFC providers must calculate and submit an updated Provider Population to report the total number of pediatric patients by age and VFC eligibility category to the Program. This information is your Provider Population and must be obtained from actual immunization data from the previous year.


NMHealth

VFC PIN #_____

PROVIDER POPULATION

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC/RHC or deputized facility[1]	0	0	0	0
Total VFC:				

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Have health insurance (covered by state universal vaccine plan)	0	0	0	0
Other Underinsured[2]	0	0	0	0
Total Non-VFC:	0	0	0	0
Total Patients: (must equal sum of Total VFC + Total Non-VFC)				

[1]Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by an insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate their underinsured children.

[2]Other underinsured are children that are underinsured but are not eligible to receive federal vaccines through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

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

- ☐ Benchmarking
- ☐ Medicaid Claims
- ☐ IIS
- ☐ Other (must describe)
- ☐ Doses Administered
- ☐ Provider Encounter Data
- ☐ Billing System

Feb 2025

The CDC requires that providers confirm and document eligibility for each patient at each visit throughout the year; this information can be used to estimate your provider population.

Daily

- Read and use the Paper Temperature Logs to record storage unit temperatures accurately, neatly, and at the beginning of each day.
- Double-check that data loggers are recording before leaving the storage units.
- Take immediate action for temperature excursions, if any, to protect vaccines.

Monthly

- Complete all Monthly Inventory Management Tasks.
- Check vaccine expiration dates, rotate stock to place vaccines that will expire soonest in front of those with later expiration dates.
- Monitor data logger battery life and replace as needed, but yearly at a minimum.

Annually

- Review and update the practice's Routine Vaccine Management plan and send to Regional Coordinator for approval.
- Review and update the practice's Emergency Vaccine Management plan and send to Regional Coordinator for approval.
- Review with key practice staff the vaccine management plan's section on preparing for and responding to vaccine-related emergencies.

Every Two Years

- Allocate time to review and complete VFC re-enrollment.
- Recalibrate temperature monitoring devices.

At Each Immunization Visit

- Conduct and document eligibility screening for all children through 18 years of age.
- Review immunization records and recommend all age-appropriate ACIP-recommended vaccines.

Primary and backup vaccine coordinators should perform the regular responsibilities of these positions together until both are entirely able to perform all the tasks on their own. Keep an internal log and plan for all maintenance tasks such as:

- Regular cleaning of vaccine storage units
- Defrosting of manual-defrost freezers
- Check and record battery life on all data loggers (replace yearly at a minimum)

Change of Contact Requirement

VFC providers must immediately update their site's information in NMSIIS any time:

- Their contact information, vaccine management personnel, business hours, or vaccine shipping instructions change.
- The medical director (or equivalent) who signed the Provider Agreement changes.
- Their providers or clinicians listed in NMSIIS change.
- Any facility type change.
- A VFC vaccine storage unit is added or decommissioned.

> ! *NOTE:* New units cannot be used to store publicly funded vaccine until they are approved by your Regional Coordinator.

See Appendix K and L for detailed instructions to complete contact changes in NMSIIS.

Provider Population Numbers – Annual Patient Numbers

When providers enroll in the VFC program, they are required to submit an estimate of their Provider Population. Annually during the reenrollment process, providers must calculate and submit an updated Provider Population to report the total number of pediatric patients by age and VFC eligibility category to the Program. This information is your Provider Population and must be obtained from actual and accurate immunization data from the previous year.

The CDC requires that Providers confirm and document eligibility for each patient at each visit throughout the year; this information can be used to estimate your provider population.

Temporary Vaccine Transfer and Storage for Office Closures

If a provider's office/location has planned temporary closures of 4 or more consecutive days (i.e., school breaks, natural disasters, office remodels, etc.), providers must complete and submit a Request for Temporary Vaccine Transfer & Storage or Office Closure (Appendix N) to their regional coordinator two weeks prior to the date of office closure. This request form must be received and approved by the VFC program prior to transporting VFC vaccines to a holding location.

Regional coordinators will review the request form and submit it to the VFC Health Educator, who will approve or deny the request. After receiving approval, Providers must then complete one of the following forms, based on the number of days the office will be closed:

- Temporary Vaccine Transfer and Storage Monitoring Plan *4 – 13 Consecutive Days* (Appendix O)
- Office Closure Monitoring Plan *14 Consecutive Days or More* (Appendix P)

The regional coordinator will contact the provider staff to initiate the vaccine transfer upon approval of the request. Once the vaccine transfer has been completed, the provider must complete the VFC Program Refrigerated Vaccine Transport Log (Appendix R) and submit it to their regional coordinator.

> ! *NOTE:* All frozen vaccine transfers must be conducted by your regional coordinator. Plan to transfer frozen vaccine to a site listed on your Emergency Management Plan, or one that can utilize the inventory, as frozen vaccines cannot be transferred back your location after the office reopens.

Before the office reopens from the temporary closure and before vaccine can be transferred back, providers must complete the Return Closure Monitoring Plan (Appendix Q) and submit it to their regional coordinator for review and to initiate the transfer. The form will then be sent to the VFC Health Educator for approval, along with the VFC Program Refrigerated Vaccine Transport Log (Appendix R) that will be completed by the holding location.

For more details about this process and form requirements, please see Appendix M.

SECTION 8. VFC SITE VISITS

The NM VFC program must conduct an enrollment site visit for all new and re-enrolling VFC providers before they receive VFC vaccine.

VFC providers will accommodate the timely scheduling and completion of all Program site visits.

Providers are identified as due for a Compliance Site Visit via the data stored in the CDC Provider Education and Assessment Reporting (PEAR) system.

Regional Coordinators will schedule, or assign to, regional contractors the upcoming Compliance Site Visits for their region in a manner that eliminates overdue visits.

Regional Coordinators and regional contractors will follow the recommendations in the most current VFC Operations Guide to prepare for each Compliance Site Visit and will administer sections 1–6 of the CDC VFC Compliance Site Visit Reviewer Guide, exactly as written, noting neither this guide nor any of the information contained in it should be shared with providers.

Regional Coordinators and regional contractors will provide formal education and training on VFC requirements. Coordinator training and the New VFC Employee Checklist will be completed as needed at these visits as well.

CDC requires that providers receive a compliance site visit every 24 months. This is a minimum-level requirement. The NM VFC program may conduct compliance site visits more frequently.

All completed VFC compliance site visits must be reviewed by the VFC Program Manager, NMIP Compliance Coordinator or a designee. Each review must be documented in PEAR using the site visit sign-off functionality by the VFC coordinator, immunization program manager, or their designee.

The NM VFC program must conduct an enrollment site visit for all new and re-enrolling VFC providers before they receive VFC vaccine.

The enrollment site visit will include:

- Review of all VFC requirements and confirmation of provider understanding.
- Confirmation the provider knows whom to contact if problems arise, especially with storage and handling issues.
- Assessment of storage and handling equipment.
- Categories for:
    - Provider details
    - Eligibility
    - Documentation
    - Storage and handling (per unit and sitewide)
    - Inventory
    - Other action

The compliance visit must be conducted within 12 months of enrollment. Reviewers must educate the provider on VFC program requirements, including storage and handling.

SECTION 9. VACCINE ORDERING AND INVENTORY MANAGEMENT

VFC providers are expected to maintain an adequate vaccine inventory for all patients served. Providers submit electronic vaccine orders for all age appropriate ACIP-recommended vaccines for their patients' population, as identified and agreed upon in the VFC provider profile—excluding influenza, which is allocated separately. Orders should be carefully timed to ensure sufficient inventory is on-hand to allow time for order processing. The VFC program offers a choice of vaccine brands and presentations (e.g., single-dose vials or manufacturer-filled, single-dose syringes). Selection of vaccines is at the discretion of providers.

The management and oversight of your site's publicly funded VFC vaccines is the responsibility of the primary and backup Vaccine Coordinators and is a set of tasks and processes that are best done together each month.

The steps outlined below are each a vital and required part of this process. Each step will save time and money, avoid vaccine loss, and avoid the concern that you are leaving your site vulnerable to restitution.

Providers may place a vaccine order only once per month*. The steps in this monthly process are:

1. NMSIIS On-Hand Inventory—**Review Depleted/Expired** inventory
2. Process vaccine **Returns** in NMSIIS
3. **Adjust** for all wastage and spoilage in NMSIIS
4. Complete your monthly inventory **Reconciliation**
5. NMSIIS On-Hand Inventory—**Review Expiring Soon** inventory
6. Create and submit your vaccine **Order**

*The VFC program has approved some large-scale providers to order twice per month, on a case-by-case basis. If your location is approved for this, you are also required to complete each step above twice monthly.

> ! *INVENTORY TIP:* Keep a monthly folder for all notes, reports, vaccine counts, reconciliation worksheets, etc. to maintain a record of VFC tasks.

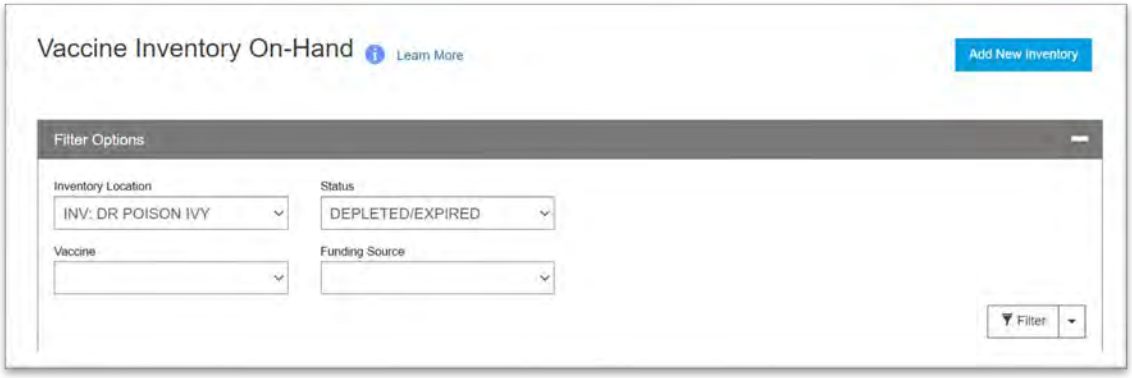
Step 1. NMSIIS On-Hand Inventory—Review Depleted/Expired Inventory (also see Appendix S)

Before you can complete an inventory, reconciliation or create a new order, you must review all Depleted/Expired inventory in NMSIIS. To view Depleted/Expired inventory:

- Open NMSIIS.
- On the left-hand menu, navigate to the **Inventory** module, select **Vaccines** and select **On-Hand**.
- Once on the Vaccine Inventory On-Hand page, you will see a list of vaccines in your site's inventory that are *not* expired or depleted (i.e., 0 doses on-hand).

The Vaccine Inventory On-Hand page will display dropdown **Filter Options** to view Depleted/Expired inventory:

- From the Inventory Location dropdown box, select your inventory location.
- From the Status dropdown box, select Depleted/Expired.
- To view Depleted/Expired inventory, select the Filter button located to the right, just below the Filter Options box.



After filtering, the screen will show all expired inventory, and all depleted inventory. The reconciliation process requires that vaccines with an expiration date prior to the current reconciliation period be returned before you will be permitted to begin a new reconciliation and create a new vaccine order.

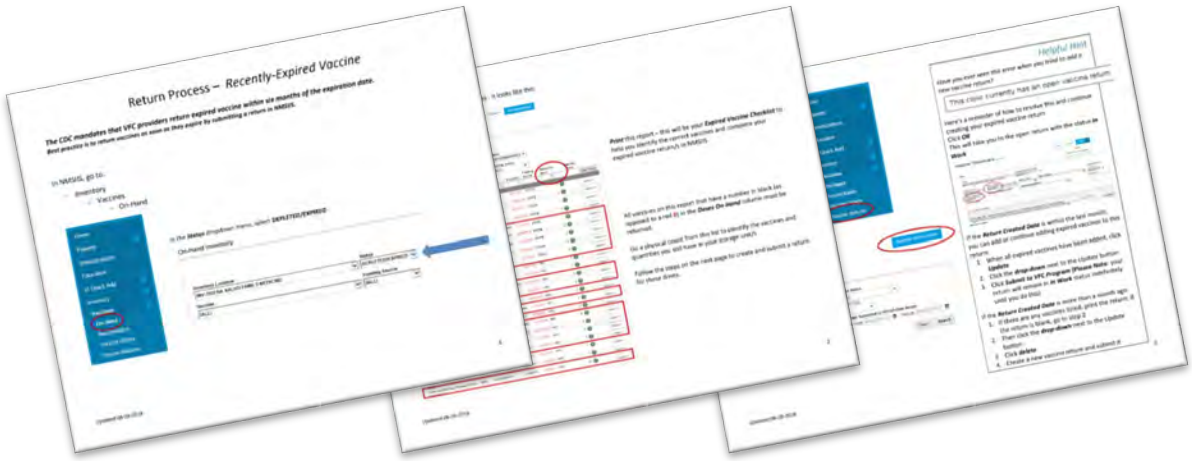
When attempting to open a new reconciliation, if your inventory location (or other associated inventory locations) has inventory on-hand with an expiration date prior to the current day's date, a red stop icon (⛔) will display next to the "Expired Inventory at this inventory location, prior to previous Count Date/Time" Pre-Check

Result, along with a Resolve button. If you get this Pre-Check Result error, the first step resolving the error is to identify the vaccines on your Depleted/Expired Inventory that meet these criteria. After identifying the expired vaccines still on-hand, click the Resolve button next to this Pre-Check Result to navigate to the Vaccines Returns page and follow the instructions for Step 2, below. If there is no expired inventory on-hand, the Pre-Check Results will display a green check march icon (✅).

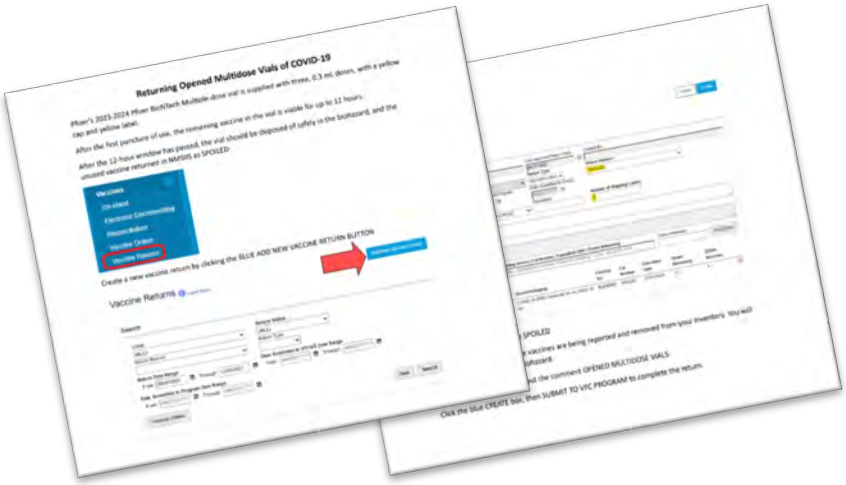
> ***NOTE:*** Expired Private Purchase inventory must also be resolved before you proceed with creating a new VFC inventory reconciliation and order.

Step 2: Process your Returns in NMSIIS (also see Appendix U)

Process a return in NMSIIS of any expired vaccine you found on the Depleted/Expired on-hand inventory by following all steps and guidelines in the *VFC Returns – Expired Vaccine Routine 08/18* in NMSIIS (log in and search in NMSIIS Reports):



Ensure you process returns in NMSIIS for any **wasted Pfizer 6m-4y COVID-19 vaccines** you documented during the reconciliation period (month), following all steps and guidelines in the *COVID-19 Returning 3 Dose Vials How-To Guide* in NMSIIS. Log in and search in NMSIIS Reports (also see Appendix V):



Unlike most vaccine wastage (see Step 3 below), Pfizer 6m-4y vaccine spoiled/wasted doses must be *returned* and not adjusted in NMSIIS. Failure to create a return for unused vaccine (e.g., adjusting spoiled doses as wastage) will result in your new order being denied and sent back for corrections.

Once your return(s) has been Submitted to the VFC program and approved, print two copies of the Vaccine Return Detail; place one in your monthly folder, and the second in the package you will use to send your vaccines back to the manufacturer. The Vaccine Return Detail should match what is in the package exactly; it is checked by the manufacturer upon receipt of the return and compared to the vaccines sent back in the package.

Step 3. Adjust for all wastage and spoilage in NMSIIS (also see Appendix W)

Wasted vaccine is defined as nonviable vaccine that is unable to be returned for excise tax credit. This includes vaccine in an open vial, drawn into a syringe, or compromised because its container was dropped or broken.

Spoiled vaccine is defined as nonviable vaccine that is unable to be returned because of too much exposure to heat, cold, light at any step in the cold chain, resulting in loss of vaccine potency. Once lost, potency cannot be restored, and the vaccine will be useless.

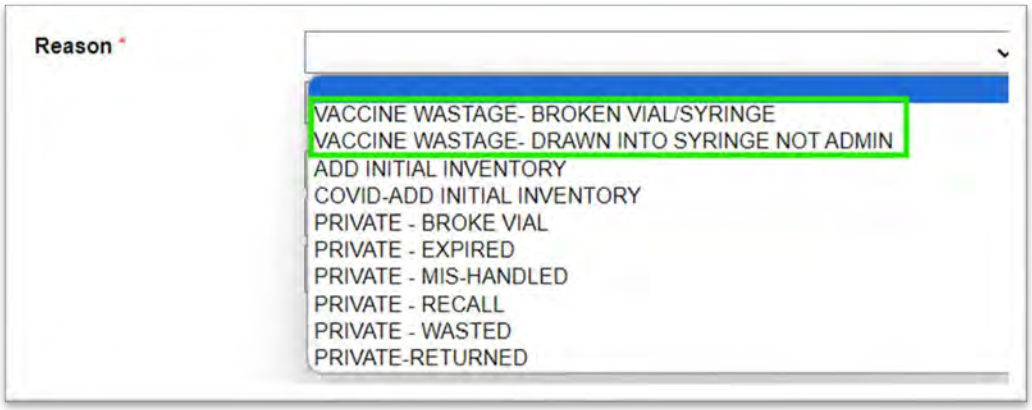
To properly account for all doses in your inventory during reconciliation, keep a written record or notebook specifically for recording vaccine wastage incidents (e.g.,

patient/parent refused, broken vial, etc.). Any vaccine dose that is wasted must be adjusted out in your NMSIIS inventory each week at a minimum, but preferably on the day the wastage/incident occurs; check them off in your notebook and record the date you adjusted the dose(s) in NMSIIS. As a reminder, wasted doses of the Pfizer 6m-4y COVID-19 vaccine must be returned, not adjusted, in NMSIIS.

To create a wastage inventory adjustment in NMSIIS, follow all instructions of the *VFC Vaccine Wastage How-To 3/20* found in NMSIIS. Log in and search in NMSIIS Reports (also see Appendix W):

When creating a wastage adjustment in NMSIIS, only use the following as a "Reason" code:

- VACCINE WASTAGE – DRAWN UP NOT ADMIN
- VACCINE WASTAGE – BROKEN VIAL/SYRINGE



Be sure to include a "Comment" that explains the reason for the wastage adjustment which should align with the reason code selected. Orders submitted with reconciliations that show vaccine wastage adjustments with comments that do not correspond with the selected reason code will be denied and returned for corrections.

The use of "PRIVATE" inventory adjustments should only be used if a provider has a separate NMSIIS inventory location for private purchase vaccines and should not be used to adjust or correct mistakes to VFC inventory counts. Orders submitted with reconciliations that show "PRIVATE" or other incorrect adjustments for VFC inventory will be denied and returned to correct the reason code or to correct inventory counts.

For assistance and questions on how to properly make a wastage adjustment, or to correct inventory counts, please contact the NMSIIS Help Desk at (833) 882-6454.

Step 4: Complete your monthly inventory Reconciliation (also see Appendix X)

To open a new reconciliation, please be sure to follow all steps and guidelines in the *VFC Reconciliation Process 06/24* guide, which is available in NMSIIS. Log in and search in NMSIIS Reports (also see Appendix X):

Whether placing an order or not, all providers are required to complete a monthly inventory reconciliation in NMSIIS. Reconciling monthly allows the VFC Program to best track your site's inventory trends and avoid over- or under-ordering. Failure to

reconcile inventory on a monthly cadence may result in your order being denied and your location being placed on an educational corrective action plan.

To ensure accurate inventory counts and avoid order delays, complete all returns and wastage adjustments before reconciling your inventory. After you have entered all inventory information into your reconciliation and counts are balanced, check for discrepancies between the ending number in your balanced reconciliation and the actual on-hand physical count. If any are found, document the discrepancies, and call the NMSIIS Help Desk before closing the reconciliation for assistance.

Plan to reconcile your inventory and place the order on the same day (within your designated ordering time frame) as reconciliations will be invalidated after 14 days, which will result in your order being deleted.

Keep the reconciliation count sheet and any notes you make in your monthly folder.

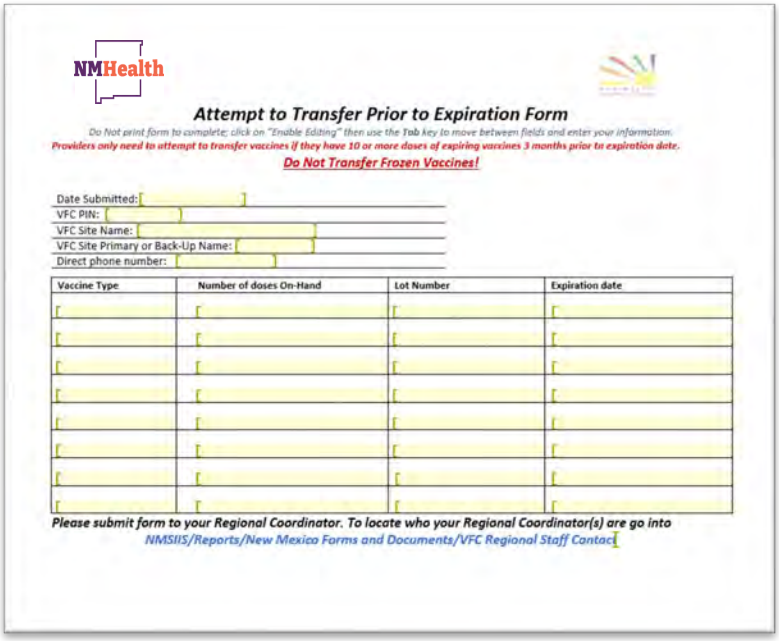
> ! ***PLEASE REMEMBER:*** Once the reconciliation is closed, it cannot be reopened and edited to correct discrepancies. Providers will need to contact the Help Desk for assistance, 833-882-6454.

Step 5: NMSIIS On-Hand Inventory—Review Expiring Soon inventory to avoid expired vaccine loss (also see Appendix S)

Each month, you are required to check on the vaccines you have on-site that are due to expire in the next three months to avoid wastage due to expiry. To view these in NMSIIS, navigate to the Vaccine Inventory On-Hand screen and under the Filter Options, change the Status dropdown from On-Hand to Expiring Soon; print this page, complete an Attempt to Transfer Form (Appendix T) and evaluate the need for transfer for each line item. Contact your regional coordinator and other VFC providers as needed via email—these emails are the documentation of your efforts to transfer/manage any vaccine you think your location may not use prior to its expiration date; make notes on the printed Expiring Soon report and retain for record keeping in your monthly folder.

> ! *NOTE:* This step does **not** apply to frozen vaccine, which may only be transferred by VFC providers with approval from the regional coordinators, which is determined on a case-by-case basis.

Keep the Expiring Soon report with your notes in your monthly folder. Keep all emails that show your efforts to transfer any vaccines you may not use prior to expiration.



NMHealth

Attempt to Transfer Prior to Expiration Form

Do Not print form to complete; click on "Enable Editing" then use the Tab key to move between fields and enter your information.

Providers only need to attempt to transfer vaccines if they have 10 or more doses of expiring vaccines 3 months prior to expiration date.

Do Not Transfer Frozen Vaccines!

Date Submitted:
VFC PIN:
VFC Site Name:
VFC Site Primary or Back-Up Name:
Direct phone number:

Vaccine Type	Number of doses On-Hand	Lot Number	Expiration date

Please submit form to your Regional Coordinator. To locate who your Regional Coordinator(s) are go into NMSIIS/Reports/New Mexico Forms and Documents/VFC Regional Staff Contact

Step 6: Create and submit your vaccine Order

There is a staggered VFC vaccine ordering schedule; the dates your site can place an order are determined by your VFC PIN number. If your PIN number is 0-399, your ordering timeframe, or "window", is from the 1st through the 15th of each month. PIN numbers 400+ may place orders from the 16th to the last day of the month.

Providers should complete both a reconciliation and order during these timeframes.

VFC PIN#	Ordering Window
0 to 399	1st - 15th
400+	16th - Last day of the month

As a best practice, submit your order to the VFC program as soon as completing/closing your monthly reconciliation. If you place an order and have a closed reconciliation with a **Count Date** more than 14 days prior to the date of your order, the order may be denied as the inventory counts are no longer current. VFC providers must reconcile inventory once a month whether placing an order or not; failure to reconcile inventory once a month will result in your order being denied.

> ! *PLAN AHEAD!* Set aside enough time to prepare, reconcile, and submit the order in one sitting, if possible. Using the VFC Calendar (located in NMSIIS Reports), plan the dates for your monthly inventory management, especially your reconciliations, in advance. Give yourself several days. Consider holidays, vacation, and other temporary closures when submitting vaccine orders. If vaccines are delivered during an office closure, vaccines wasted would be considered an avoidable loss and negligence. It is the provider's responsibility to plan for Holiday ordering delays, office closures, or other events that can impact vaccine delivery and immediate storage. The VFC program cannot accommodate requests for vaccine to be shipped and delivered on specific dates.

Create your vaccine order in NMSIIS; remember to click the **Submit to VFC program** button when complete. The process for placing a VFC vaccine order in NMSIIS is detailed below (pages 47-48):

Determining How Much VFC Vaccine to Order

VFC providers should have enough vaccine in their inventories for a 30-day safety stock to ensure their clinic does not run out of vaccine. A period is the time from your previous vaccine order to the current order.

In order to determine the proper amount to order, providers should use this formula:

Doses Administered (from the previous period)
X
(if you order monthly, multiply by 2)
(if you order bimonthly, multiply by 1)
- (subtract)
Inventory of VFC vaccines on-hand
=
Amount of vaccine to order

Example of a Bimonthly Order:

Doses administered from previous period	50
Bimonthly order (multiply by 1)	50 x 1 = 50
Subtract Inventory of VFC vaccine doses on-hand	(50 to replace administered) – (12 on-hand) = 38
Amount to Order	38 doses rounded up to the next package size = **Order 40 doses to maintain safety stock**

Example of a Monthly Order:

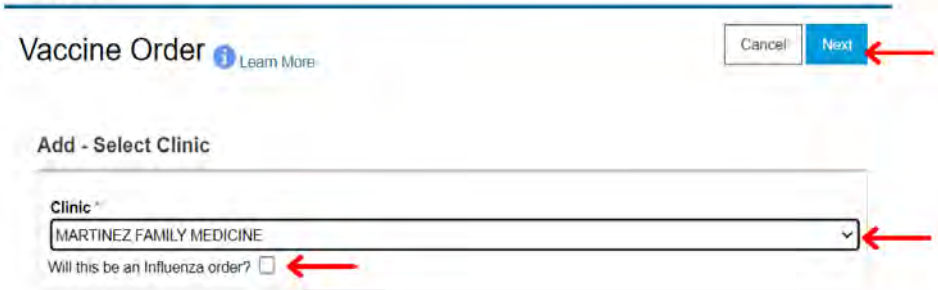
Doses administered from previous period	42
Monthly Order (multiply by 2)	42 x 2 = 84
Subtract Inventory of VFC vaccine doses on-hand	(84 to replace administered) – (50 on-hand) = 34
Amount to Order	34 doses rounded up to the next package size = **Order 40 doses to maintain safety stock**

How to Create a VFC Vaccine Order

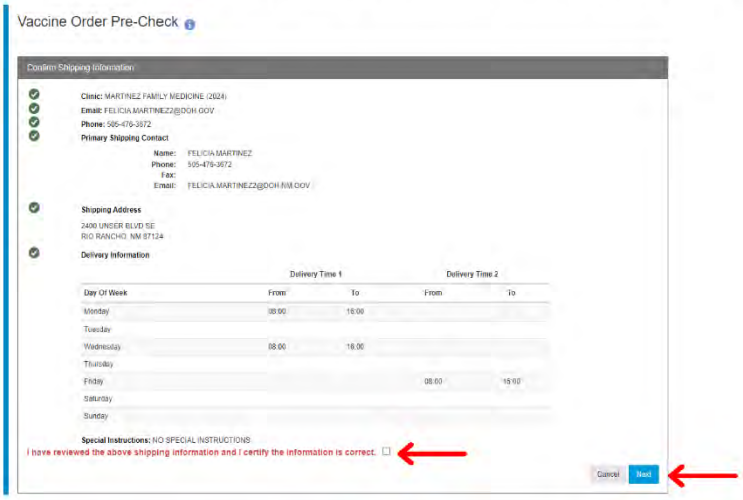
1. **Click on Inventory + in the Module to expand**
2. **Click Vaccines + in the Module to expand**
3. **Click Vaccine Orders**

4. Click **Add New Vaccine Order**

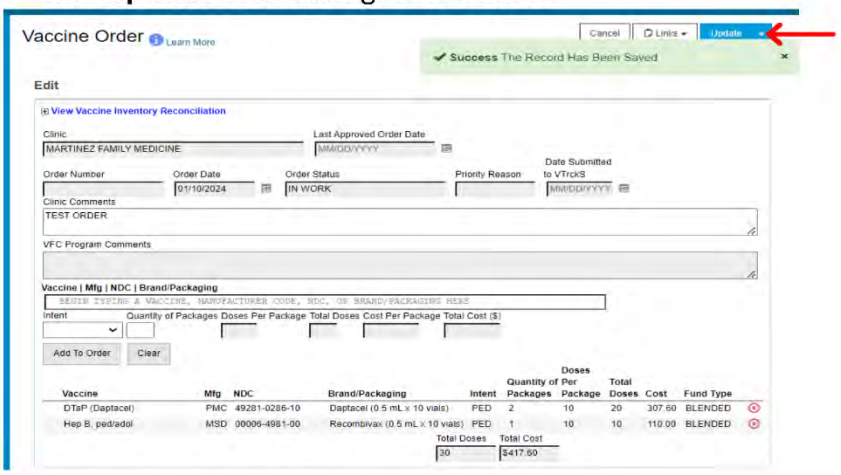
5. Select **Clinic**, indicate if this will be an **Influenza** order or not, click **Next**.



6. Verify **Clinic Shipping Information**, select checkbox, click **Next**.



7. Enter **Clinic** Comments if any or required, add **Vaccine** line items, click **Update**. Once changes are saved.



8. Click drop down **Submit to VFC Program**.

Other Guidance for Ordering VFC Vaccine

- It is preferred that providers submit the vaccine order on the same day or within one day of closing a reconciliation unless preapproved by the VFC program.
- Vaccine inventory reconciliations should not be completed more than once per month. Reconciling your inventory more than once a month may result in your site being placed on an educational action plan.
- Vaccine inventory reconciliations must be completed every month, whether placing an order or not.
- When a primary contact, backup contact, or Physician Signing Agreement (PSA) is changed, remember to update your Routine and Emergency Vaccine Management Plans. Submit the updated plans to your regional coordinator. Orders will not be approved unless all Routine and Emergency Vaccine Management Plans are current and approved by your regional coordinator.
- CHIL-e training certificates must be current and uploaded in NMSIIS. Email the CHIL-e certificate(s) to your regional coordinator. Orders will not be approved if the primary and/or backup coordinator's CHIL-e training and certificates are outstanding.
- Return expired vaccine prior to placing an order. If there is expired inventory on-hand after completing a reconciliation (i.e., expired doses not returned before reconciling/ordering), orders will not be approved.

The VFC program must monitor vaccine orders to ensure providers are ordering vaccine in the appropriate amounts and properly maintaining their vaccine inventories. Vaccine loss due to expiration is frequently a consequence of over-ordering and/or poor inventory management. To prevent this, providers need to determine the appropriate amounts to order for their private and public vaccine inventories. Also important to the vaccine ordering process is the provider's ability to immediately store vaccine after receipt. Facilities must be open with appropriate staff at least one weekday, other than Monday, for at least four consecutive hours, to receive and immediately store vaccine. The VFC program is required to approve, actively coordinate, and document the transfer of vaccines between VFC providers. Vaccine stock should be rotated and checked for expired doses regularly. Any expired vaccines and diluents should be removed immediately to avoid inadvertently administering them to patients.

Arrange stock for each vaccine type so that doses with the earliest expiration dates are placed in front of those with later expirations dates. Place vaccine orders while

you still have a six-week supply of vaccine available on-site to allow for potential delays. Place smaller, more frequent orders rather than over-ordering to minimize the amount of vaccine loss should an incident occur during shipment or in the vaccine storage unit.

Reasons for Denial of Vaccine Orders

VFC vaccine orders may be denied in some cases if providers do not meet all ordering requirements. If your order is denied, you will receive an email from Vaccine.Orders@doh.nm.gov or VFC staff explaining the reason for the denial and next steps to get your order approved.

All vaccine orders are manually reviewed by our ordering team. If your site is not in compliance with VFC administrative requirements your order will be denied until these are completed. Some examples include:

- Out of date or incomplete annual education requirements
- Out of date or incomplete Routine and Emergency Vaccine Management Plans
- Overdue Provider Population

These are needed by CDC to remain in compliance with federal requirements. If they are out of date, submit completed documents to your Regional Coordinator for review and approval. Once they have been received, reviewed and approved, your denied order will be re-submitted and fulfilled. Please check the NMSIIS Reports Module's New Mexico Forms and Documents section to find the most current version of these forms to download and complete.

> ! *NOTE:* The VFC program will approve forms with any digital signature, as long as it is timestamped.

Other reasons for order denials are:

- Unreported storage and handling incidents like temperature excursions.
- Unreported incident of the storage unit door being left ajar overnight.
- Incorrect reporting and wasting of publicly funded vaccines will also require correction before orders will be approved.
    - The guides for correctly reporting and wasting VFC vaccines are available on the NMSIIS called *VFC Vaccine Wastage FAQs* and *VFC Vaccine Wastage How-to*. Log in and search in NMSIIS Reports. Contact

your Regional Coordinator or the Help Desk for guidance if needed. Please note that opened vials/unused doses of Pfizer's 6m-4y COVID vaccine should be returned as spoiled and not wasted. (also see Appendix V)

- Expired doses remaining as on-hand inventory after closing your reconciliation and submitting an order.
    - Those doses will need to be returned. (see Appendix U)
- Pediatric and adult vaccines are on the same order.
    - The order will be denied because these vaccines come from different funding sources so they must be ordered separately.
- A provider has reported late temperature logs two months in a row.
    - The order will be denied until a site visit and education has been completed with their Regional Coordinator.

If an order is denied, providers may consult with their regional coordinators and/or IP VFC staff to reach resolution and resubmit an order once all issues are addressed and corrected. This should be done within the 14 days of the last closed reconciliation. Denied orders with a reconciliation over 14 days old will be deleted in NMSIIS. You will receive an email notification from the order processing team stating that your order has been deleted due to an expired last closed reconciliation and will list any outstanding action items needed before you may place a new order within your next ordering timeframe. Orders are deleted in NMSIIS to ensure that orders you submit to the VFC program going forward are correctly dated and to ensure that they will be seen by the order processing team.

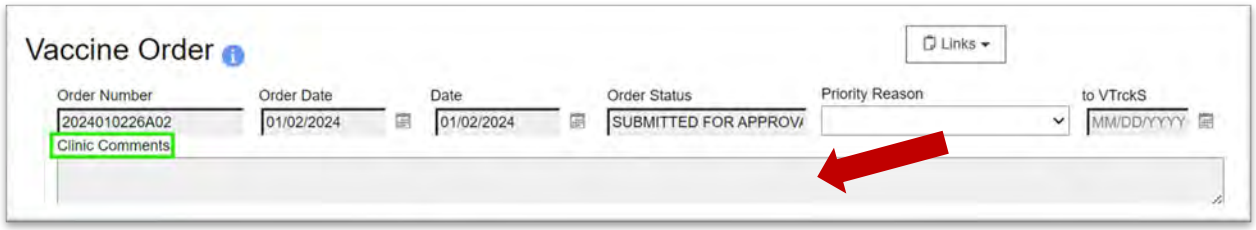
The NMIP VFC program is stringent about vaccine ordering and accountability as its funding is approved annually by OMB. The funds are allocated through CMS to CDC. CDC then awards VFC funding to the NMIP. The CDC is the lead agency responsible for VFC policy development and national program oversight. NMIP is responsible for implementing the program here ensuring proper vaccine stewardship and accountability. We are responsible for ensuring compliance with VFC program requirements for documentation, vaccine storage and handling, reporting, minimizing loss and waste, and ensuring that vaccines purchased with VFC funding are administered only to VFC-eligible children.

Reasons for Vaccine Order Reductions

When manually reviewing orders, the VFC program looks at the number of doses of the vaccine requested that were administered over the previous reconciliation

period, doses received and the number of doses on-hand in inventory. If your clinic has more than twice the number of doses administered in the previous month in inventory, we will only approve the minimum amount of the requested vaccine. For example, if your order requests 50 doses of Vaxelis, but your clinic has only administered a few doses in the previous month, and you have an adequate supply of doses in inventory (based on your vaccination history), we will approve a smaller amount. In some cases, vaccine will be removed from an order if no or few doses have been administered, many doses are in inventory and additional doses are requested. This is to avoid stockpiling and loss due to equipment failure or temperature excursions.

If your clinic has a need for these extra doses, please fill in the Clinic Comments box (see screenshot below) on your order to let us know why you will be needing more doses, and the order processing team will approve the full order. You know your clinic and your patient population best so the program will always read your clinic comments and do our best to approve orders with notes.



The Clinic Comments box can also be used to communicate the need for vaccines that are on CDC allocation (i.e., available in very limited supply). For example, Menveo 2-Vial (orange/grey cap) is only available for children 2 months-2 years with immunocompromised conditions. Please leave a clinic comment to communicate the need for an upcoming patient who is recommended. Because this vaccine presentation is available in such limited supply for the whole state, we will switch presentations for the Menveo 10-55y 1-Vial (pink cap) if Clinic Comments are not included in your order. The VFC program will inform the provider of changes of vaccine order type via email. Reductions to order will be noted in the NMSIIS' VFC Program Comments box in the order.

Receiving Vaccine Shipments

Always receive shipments through the blue hyperlink in NMSIIS, pictured below:

The blue hyperlink for pending VTrckS Shipments will display on the Vaccine Inventory On-Hand or Vaccine Inventory Reconciliation screens. Receiving shipments by clicking the blue hyperlink ensures that the correct vaccine quantity, lot number, NDC, etc. will input into NMSIIS.

> ***WARNING:*** DO NOT add a new quantity of vaccine to an existing vaccine line item in NMSIIS unless it is a 100% match—The lot number, expiration dates and NDC must all match exactly.

Vaccine Transfer

Proper vaccine inventory management at both the program and provider level plays a major role in preventing the need to transfer vaccines. However, even with proper inventory management, providers may experience a situation where they have soon-to-expire vaccine stock. Where practical, and as long as the cold chain is maintained, the transfer of short-dated vaccine can occur between VFC providers to avoid wasting vaccine. Providers must notify the VFC program of short-dated vaccine so that a transfer can be coordinated. This should be a rare practice if providers are appropriately managing inventory.

Vaccine transfers can only occur:

- With the approval and under direct guidance of the Regional Coordinators.
- When a process is in place to ensure vaccine viability during transfer, as outlined in CDC's Vaccine Storage and Handling Toolkit—the process must include the use of a DDL with a current and valid Certificate of Calibration Testing for temperature monitoring during transport, as well as other appropriate equipment.
- When temperature monitoring documentation validates the vaccine has not been exposed to a temperature excursion—this documentation must be transported with the vaccine.

Additionally, frozen vaccine transfers can only occur with approval from the NM VFC program and on a case-by-case basis. Generally, these occurrences will take place:

- In emergencies.
- In one direction – once transferred vaccines cannot be transferred again and must be added to the NMSIIS inventory of the receiving site and administered there.

Influenza Vaccines

The process for ordering influenza, or flu, vaccine is independent from other vaccine orders. Flu vaccine is pre-booked by NMIP annually, typically each February. This allows providers to place orders prior to the upcoming flu season. The VFC program will send a survey via email to providers asking how many flu vaccine doses you will need for the season. Providers must ensure the same type and presentation of flu vaccine is booked for both private and VFC flu pre-book.

- Pre-booked flu vaccine is automatically shipped to providers, often beginning late September to October.
- Providers are expected to pre-book enough flu vaccine for 70-100% of their patient population.

Order adequate supply for all your patients as providers **may not borrow VFC flu vaccine** for adult patients under any circumstances.

SECTION 10. VFC ELIGIBILITY DETERMINATION AND DOCUMENTATION

VFC providers are required to screen ALL patients for VFC eligibility at every immunization visit, document the screening results at every immunization visit, and retain the documentation for three years. Screening requirements, along with billing information, can be found in Appendix Y.

Neglecting to screen for and document eligibility or knowingly administering VFC vaccine to unqualified patients will be investigated as fraud and abuse and may be grounds for termination from the VFC program.

Determining VFC Eligibility Status

Children from birth through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Medicaid-eligible: A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- Uninsured: A child who has no health insurance coverage.
- American Indian or Alaska Native (AI/AN): As defined by the Indian Health Care Improvement Act (25 U. S. C. 1603).
- Underinsured*: A child who has commercial (private) health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

* *Underinsured children are eligible to receive VFC vaccine only through Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC). An FQHC is a health center that is designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population. An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-designated Shortage Area.*

Universal State/Universal Vaccine Coverage

New Mexico is what is known as a "Universal" state; the NMIP makes vaccine available for **all** children ages 0-18 years. Children who are covered by health insurance (other than Medicaid) are still eligible for vaccine that is funded with state monies.

Documenting Eligibility Screening

Eligibility screening results must be:

- Documented for all eligibility categories you serve, including privately insured (not VFC eligible)
- Documented at every immunization visit
- Associated with the patient and the visit date or immunization
- Documented through a process that informs clinicians what vaccine stock to use
- Documented in a way that can be tallied to obtain annual Provider Population numbers
- Retained for three years
- Made available to New Mexico Immunization Program staff on request and during compliance site visits
- Documented in a way that makes the results available to billing staff

Methods of Documenting Eligibility Screening

Below are typical methods used to document eligibility. This list is not exhaustive, and any method or combination of methods that meet the criteria above is acceptable.

- Integrated providers may use NMSIIS to document eligibility. If data entry is current and accurate, NMSIIS will automatically calculate Provider Population numbers for the annual requirement and Provider Re-Enrollment. If you do not manage your private vaccine in NMSIIS, you must document eligibility screening for privately insured patients outside of NMSIIS. Aggregate providers cannot use NMSIIS to document eligibility.
- Most electronic health records can capture VFC eligibility information. EHRs can be used to document eligibility as long as the information is associated with an immunization or visit date and is not solely in the demographic/personal information fields. You also must be able to extract

Provider Population Numbers from the system for all VFC eligibility categories you serve.

- Patient-completed fact sheets or questionnaires can be used to document eligibility as long as they are completed for each immunization visit (must be dated), are saved or archived for three years, and able to be tallied to determine Provider Population numbers for annual re-enrollment.

Special Eligibility Circumstances

This section covers special VFC eligibility situations that may be encountered. In general, when selecting between eligibility options:

- Select the eligibility category that confers the least out-of-pocket expenses to the child's parent or guardian.
- Select the eligibility category that is least likely to change.

Family Planning Clinics

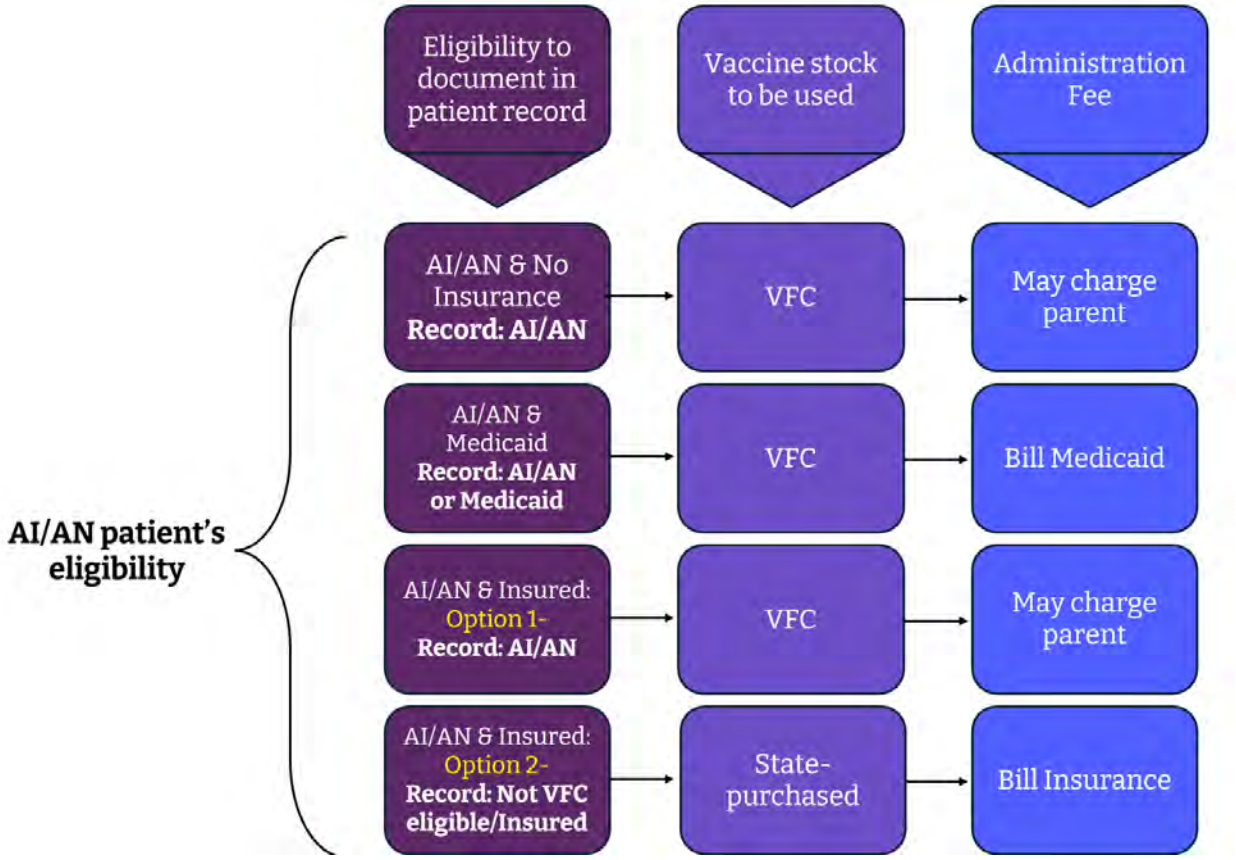
Unaccompanied minors through 18 years of age who present at family planning clinics for contraceptive services or sexually transmitted infection (STI) treatment are considered uninsured and VFC-eligible if they do not want to access their insurance due to the confidential nature of their visit. This special eligibility status is restricted to family planning clinics. Clinics are responsible for providing care in conformance with New Mexico's medical consent laws as they pertain to minors.

Incarcerated Juveniles

Incarcerated juveniles under 19 years of age who lose access to their health insurance due to their circumstances are considered uninsured and are VFC-eligible.

Dual Eligibility – American Indians/Alaskan Natives

American Indians and Alaskan Natives (AI/AN) can be eligible for the VFC Program under more than one category. Please use the following table to determine VFC eligibility status, vaccine stock, and vaccine billing for AI/AN populations.



Eligibility, vaccine stock, and billing for immunizations given to American Indian and Alaskan Native children.

- VFC vaccine administration fees billed to patients cannot exceed $25.75 for the first vaccine/toxoid component administered and $21.77 for each subsequent vaccine/toxoid component per visit.
- VFC vaccinations cannot be denied to a VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.
- Insured AI/AN children are not required to participate in the VFC program. The decision whether to participate should be based on what is most cost effective for the patient/parent.

SECTION 11. BILLING

There are two costs associated with vaccine administration: The cost of the vaccine and the vaccine administration fee (see Appendix Y).

Vaccine

Providers are given VFC vaccine from the federal government through the NM Immunization Program and may not charge patients of any insurance for use of it.

Vaccine Administration Fee

- VFC vaccine administration fees billed to patients cannot exceed $25.75 for the first vaccine/toxoid component and $21.77 for each subsequent vaccine/toxoid component administered per visit.
- Patients must never be charged more than the New Mexico VFC administration fee cap.
- VFC vaccinations cannot be denied to a VFC-eligible patient, nor can they be turned away due to the inability of the parent or guardian to pay the administration fee.

The billing requirements of the VFC program are statutorily defined as follows:

Medicaid as Secondary Insurance

- Any insured or underinsured child who has Medicaid as secondary insurance is eligible for the VFC program.
- Insured children with Medicaid as secondary are not required to participate in the VFC program. The decision to participate should be based on what is most cost-effective for the patient.

At private facilities, underinsured children with Medicaid as secondary insurance should be designated “Medicaid” for VFC eligibility so they qualify for VFC vaccine. If marked as “underinsured,” they can only receive VFC vaccine at designated FQHC/RHC facilities.

Private Insurance

Private insurance can be billed for an administration fee; Medicaid can be billed for the balance of unpaid administration fees up to $25.75.

SECTION 12. VACCINE LOSS AND RESTITUTION

Definitions: Types of Vaccine Loss

- **Expired or spoiled vaccine**: Nonviable vaccine in its original container (vial or syringe) that is able to be returned for excise tax credit. This includes expired vaccine or vaccine spoiled due to temperature excursions, transport conditions, or emergency situations such as a power failure.
- **Wasted vaccine**: Nonviable vaccine that is unable to be returned for excise tax credit. This includes vaccine in an open vial, drawn into a syringe, or compromised because its container was dropped or broken.
- **Lost or unaccountable vaccine**: Vaccine for which the physical vaccine vial or syringe is missing, and no record of administration or wastage was made.

Avoidable Wastage and Vaccine Restitution

The *New Mexico Vaccine Restitution Policy* (Appendix Z) requires providers found in violation to replace publicly purchased state and federal vaccines on a dose-by-dose basis.

The term ***avoidable wastage*** refers to public vaccine lost due to circumstances that are under the control of the provider and are, therefore, considered preventable. These types of losses are subject to review and may result in restitution of lost vaccines.

Vaccine restitution is the replacement of vaccine doses (i.e., VFC and/or state) that were lost due to provider negligence.

CDC recommends all programs establish a restitution policy for publicly purchased vaccine doses that are deemed "avoidable wastage", i.e., lost due to provider negligence. Providers with repeated restitution violations will meet with disciplinary action up to and including suspension or removal from the VFC program.

NMIP instituted a Vaccine Restitution Policy in September of 2017; (see Appendix Z for the full text of this policy).

Situations Requiring Vaccine Restitution

Any provider deemed as negligent where public vaccine is improperly used for an ineligible recipient according to the vaccine fund type or when negligent storage and handling practices lead to vaccine loss.

Newly Enrolled Providers

If a loss occurs prior to the first compliance site visit, the provider will receive education and an IP approved provider action plan, and no restitution is required. Any subsequent negligent losses by the same provider will require restoring the lost doses to the program.

If the provider declines to perform the actions outlined in the provider action plan to ensure proper storage and handling and proper use of vaccine for eligible children, the provider will be required to undergo remedial action before regaining full participation status in the VFC Program.

In addition, if the first loss is due to negligence of vaccine (used for ineligible recipients or unaccounted-for vaccine) the vaccines involved with the loss must be replaced regardless of how long the provider has been enrolled. If the noncompliance is due to negligence and the provider has received financial benefits from the behavior, the situation will result in immediate referral to the State Liaison within the CMS, Center for Program Integrity (CPI) for investigation of suspected VFC fraud and abuse.

All Other Providers

Upon discovering loss of vaccine that meets the definition of negligence, all doses involved in the loss must be returned to McKesson. If the noncompliance is repeated, appears intentional or the provider has received financial benefits from the behavior, the situation will result in immediate referral to CMS, CPI for investigation of suspected VFC fraud and abuse.

To properly safeguard VFC and other vaccines in your care and avoid actions that may require vaccine restitution, always observe the following best practices:

- Properly screen and document the use of public vaccine to ensure the recipient is eligible.

- Account for all vaccines routinely in your monthly inventory reconciliation.
- Never use of a dorm-style refrigerator to store public vaccine.
- Use only NM-approved stand-alone storage units.
- Draw up vaccine only after patient has been screened and is ready to receive the dose.
- Repeated loss of vaccine due to unused doses in multidose vials.
- Do not use compromised vials or syringes (e. g. dropped, improperly stored or otherwise damaged).
- Properly monitor and record storage unit temperatures as instructed.
- Use only a NMIP approved temperature monitoring device.
- Properly respond, record, and report steps taken during a temperature excursion as defined in the New Mexico Routine Vaccine Management Plan.
- Never leave vaccine out of the refrigerator or freezer for a prolonged period.
- Do not freeze vaccine meant to be refrigerated, or refrigerate vaccine meant to be frozen.
- Check your refrigerator and freezer plugs and electrical breaker routinely to ensure the power connection.
- Always close your refrigerator or freezer door after retrieving the vaccine or biological product.
- Be sure to immediately respond to any loss of power to the storage unit by consulting your clinic's Emergency Vaccine Management Plan.
- Avoid ordering an excess of a 60-day vaccine supply, which can result in expiration of doses before you are able to use them.
- Notify the NM Immunization Program if your clinic will make any changes in the office hours or office closures, to avoid vaccine being delivered when staff is not present.
- Properly train all staff who will be involved in vaccine management, storage and handling.
- Promptly complete all NM Immunization Program approved educational action plans (EAPs) to remedy storage and handling issues.

Situations Not Requiring Vaccine Restitution

The following examples are situations that in general do not rise to the level of requiring restitution or vaccine replacement:

- Less than 10 vaccine doses wasted as drawn into the syringe but not administered due to patient/parent/guardian declining after screening per year.
- Less than 10 multi-dose vials opened with some doses are not administered per year.
- Vaccine manufacturer recall.
- Natural disasters that do not allow for the emergency plan to be followed.
- Documentation that a package was not delivered from the CDC Vaccine Distributor to the provider in a timely manner or is otherwise damaged or stored improperly during transit, if the distributor and the IP were notified by the provider within 2 hours of delivery.
- A provider transports vaccine to a location within the approved vaccine management plan with a secure power source due to anticipated inclement weather, but power is lost at that location.
- Small amount of expired and returned vaccine that was not the result of over-ordering (orders were based on a current and valid provider profile), if the provider contacted the program for approval to transport short-dated vaccines within 3 months or more prior to expiration. Flu vaccine expirations will be reviewed on a case-by-case basis.
- Loss due to storage equipment failure and where the provider was unaware of issues, there is no current, outstanding actions required from the program on the unit, and proof of repair or equipment replacement is provided to the Immunization Program.
- Situations not listed above which are deemed by IP to be beyond the provider's control.

Process for Restoration of Lost Doses to the Program

Upon identified situations where the provider has been deemed negligent and requiring restoration of lost doses, the NMIP provides a letter to the provider detailing the negligent event, any prior losses, required corrective actions and the number of each vaccine type/brand to be purchased. The letter will also include steps that allow for a grievance process where the provider can submit additional information about the incident.

Once it is determined by the Program that doses are required to be restored, the provider must submit a receipt of vaccine purchase(s) reflecting the doses lost and outlined in the letter within 60 days of the vaccine loss determination. If the vaccine loss is large and the doses purchased cannot be used before expiration, or the provider needs additional time to procure/replace doses, the timeline for purchase may be extended, by no more than six months, to prevent further vaccine loss. As an alternative, the vaccine can be shipped to other providers such as local health department or large providers where the doses can be successfully tracked and used before expiration. All cases will be reviewed by the Program on a case-by-case basis and a determination of appropriate action made.

Upon the identification of a temperature excursion the provider must submit the following reports to the program immediately, via their Regional Coordinator as applicable:

- Troubleshooting Record {(TSR) see Appendix I}
- McKesson Vaccine Return Form
- NMSIIS Return Detail Report

Provider must adjust/reduce vaccine orders submitted to IP to accommodate the purchased doses placed into public inventory through replacement of the lost doses to the Program. If the provider fails to adjust/reduce vaccine orders submitted, the IP will adjust provider orders resulting in holding or limiting distribution of VFC/317/State vaccine to account for the doses purchased by the provider and placed into the public vaccine inventory for use with eligible recipients.

Vaccine replacement doses may only be used for eligible recipients according to the funding source and allocated proportionately to the original funding source of the replaced doses (i.e., VFC, 317, State).

The vaccine purchased by the provider must be labeled or identified in such a way that the doses are only used for recipients screened and eligible for the original funding source of the replaced doses (i.e., VFC, 317, State).

The provider must complete a Vaccine Restitution Report (Appendix Z) which details the use of the restored doses of vaccine. Reporting doses administered with dose-level eligibility may also be reported electronically. This form must be completed and submitted to NMIP monthly for review until all doses have been administered. The information reported and tracked must include the date of the loss, vaccine type, original funding source, lot number, NDC number, and number of doses lost, date the vaccine doses were replaced into stock, date replaced dose was administered, and the patient identification number and date of birth or patients to whom the vaccine was administered.

SECTION 13. FRAUD AND ABUSE, MANDATORY REPORTING OF VIOLATIONS

Vaccine Restitution (see Appendix Z) is required by all VFC providers in NM when public vaccine is improperly administered to an ineligible recipient according to the vaccine funding source type and/or when negligent storage and handling practices, including fraud and abuse, lead to vaccine loss.

> ! *Requirement:* If the Provider Agreement is terminated, the NM VFC Program is responsible for retrieving any unused VFC vaccines from the provider within 30 days of termination.

Definitions

Abuse: Consistent with "abuse" as defined in the Medicaid regulations at 42 CFR § 455. 2, abuse occurs when 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 healthcare. Abuse also includes recipient practices that result in unnecessary cost to the Medicaid program.

Excess: Vaccine that was ordered but unable to be administered or transferred prior to the expiration date.

Fraud: Consistent with "fraud" as defined in the Medicaid regulations at 42 CFR § 455. 2, 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. Fraud includes any act that constitutes fraud under applicable federal or state law.

Ineligible recipient: Vaccine that is administered to individuals not eligible based on the public vaccine policy and the type of the vaccine.

Negligence: An act or failure by an enrolled VFC provider to properly administer public vaccines based on the eligibility of the patient, or failure to properly manage, store or handle public vaccines.

Restitution: Replacement or restoration dose for dose of any lost vaccine in the same amount and type.

Spoiled Vaccine: Nonviable vaccine that is unable to be retuned because of too much exposure to heat, cold, or light at any step in the cold chain, resulting in loss of vaccine potency. Once lost, potency cannot be restored, and vaccine will be useless.

Wasted Vaccine: Nonviable vaccine that is not able to be returned. Vaccine categorized as avoidable or unavoidable waste. Unavoidable waste occurs due to act of nature that could not have been avoided (i.e., natural disasters). Avoidable waste is under the control of the provider and is preventable.

Avoidable waste includes, but is not limited to the following:

- Refrigerator/freezer left open.
- Temperatures out of range and no action taken, or data from data logger and/or thermometer not downloaded when alarm indicates a problem.
- Vaccine left out overnight.
- Excessive vaccine ordering as compared to provider profile.
- Failure to notify the program and/or assigned VFC Regional Coordinator of vaccine expiration within three months. Regional Coordinators will contact other providers to determine if they can use the vaccine prior to expiration.
- Failure to properly package vaccines when shipping/transferring to another provider.
- Pre-drawing vaccines before patient consent.

Vaccine Loss (Spoiled): Nonviable vaccine that includes expired vaccine or vaccine that has been impaired because of the following:

- Natural disaster/power outage
- Refrigerator too warm or too cold
- Failure to store properly upon receipt
- Vaccine spoiled in transit
- Mechanical failure
- Recall Wasted vaccine
- Vaccine drawn into the syringe but not administered

- Vaccine in open vial but doses not administered
- Compromised vial (e.g., due to a drop causing damage to vial integrity or sterility), broken vial, or lost vial

SECTION 14. PROVIDER NONCOMPLIANCE, CURATIVE ACTIONS

Providers must ensure accountability for publicly funded vaccines. Providers also agree to comply with the VFC program requirements outlined in the Provider Agreement and discussed during the enrollment and subsequent site visits. Lack of adherence could lead to suspension, removal, and/or fraud and abuse charges for the provider. The NM VFC program is committed to working with VFC providers to ensure vaccine reporting, storage and handling and other practices are met so that vaccine loss and mismanagement are rare.

Educational Action Plan

The Education Action Plan (EAP) (see Appendix AA) may be employed to adjust, improve (or discontinue) actions conducted by the provider that result in noncompliance to a VFC-required or related activity. EAPs will give providers the opportunity to review practices that are outside of or contradictory to required rules and regulations by working with regional and/or VFC program staff to achieve and maintain standard and appropriate practices. EAPs usually take place through conversation with the regional coordinator and provider, advisement, education or retraining. A partial list of activities that may require an EAP is below:

- Unreported temperature excursion(s)
- Failure to maintain alarm/alert devices properly
- Provider did not promptly communicate key staff changes to the program
- Failure to provide required documents and certifications by due date
- Avoidable wastage
- Misuse of vaccine (e.g., administration of vaccine to VFC and/or 317-ineligible individuals or drawing up vaccine prior to eligibility screening)
- Inventory mismanagement
- Inability to account for federally funded vaccines
- Recurring reconciliation issues

Generally, an EAP will be executed at one of three levels. For all EAPs, providers will receive a provider-specific plan that will be developed by VFC or regional staff, detailing the noncompliance issue(s) and the method(s) for addressing noncompliance. Once the provider has completed the required actions to satisfaction, the provider's designated primary and backup staff will digitally sign off on the EAP, submit it to the appropriate regional or VFC staff within 7 days of receipt,

then continue to provide vaccination services in their facility. Not responding to an EAP by the due dates will delay a vaccine order.

EAP Levels

- **EAP Level 1:** This will occur when the provider is out of compliance with a particular issue. This will be resolved with a phone call from the VFC program or regional staff to identify the noncompliance issue with the provider and/or facility staff and remedy the problem.
- **EAP Level 2:** This is employed for a repeated out of compliance action. The provider can expect to participate a virtual (online) meeting with their regional coordinator to remedy the problem and receive one-on-one education.
- **EAP Level 3:** This will be implemented when two previous level attempts at resolving an issue with the provider within a 12-month period were not effective. Depending on the status of the case, the provider should expect an on-site visit for a retraining, which may include repeating the CHIL-e training within 30 days of the 3rd EAP citing to correct identified problems.

EAPs are meant to educate and empower providers to manage vaccines more effectively and the VFC program expects that EAP implementation will solve most compliance issues. However, in cases where the EAP process does not correct chronic noncompliance or serious deficiencies, especially those that jeopardize vaccine effectiveness, can result in being placed on Provisional Status, requiring restitution if applicable (see Section 12), or be inactivated from participation in the VFC program.

Provisional Status

Provisional Status is given to a VFC provider site that has had more than 3 EAPs in 12-month period.

Sites in Provisional Status may be put onto a provider-specific action plan by the regional coordinator or VFC program, with supplemental regulations and restrictions intended to assure compliance with the requirements for successful storage, handling, administration and documentation of VFC vaccines. If the provider in provisional status fails to complete the corrective actions outlined in the provider-specific corrective action plan within the stipulated timeframe, NMIP VFC reserves the right to inactivate the provider from the program.

Inactivation Status

Inactivation from the VFC program may occur if provider-specific corrective actions are not executed in a way that remedies the issue(s) that resulted in noncompliance, or if the provider ignores or refuses to implement provider-specific corrective actions as directed by the regional coordinator or the VFC program. With inactivation, the provider is removed from active VFC program provider participation and will be restricted from ordering VFC vaccine.

Reinstatement After Inactivation

Providers may apply for reinstatement one (1) year after the inactivation is imposed. The reinstatement must be requested by the provider and will be considered at the discretion on the VFC program after assessing the request. If reinstatement consideration is accepted, the provider must complete the entire application process. Providers who are reinstated will remain in provisional status for six months, at which time The VFC program will review the provider status, which includes adherence to all VFC program requirements.

Termination from the VFC Program

Either NMIP or the provider may terminate the VFC Provider Agreement at any time.

If the VFC facility intends to terminate their VFC participation, the provider must complete and email the Provider Participation Disenrollment Request Form to their regional coordinator 30 days prior to disenrolling from program participation (see Appendix BB).

A VFC program-initiated termination must occur if:

- An enrolled VFC provider location has not ordered vaccine in the past 12 months.
- NMIP is notified by the state Medicaid agency that a provider is on the List of Excluded Individuals and Entities (LEIE).
- The inactivated provider/facility fails to meet or adhere to VFC program requirements after applying to be reinstated.

Examples of circumstances where a provider location has not ordered vaccine in the past 12 months, but termination may not be warranted include:

- The provider location is a specialty provider (who only needs small quantities of vaccine).
- The provider location is a store-only location (stores and distributes but does not administer vaccine).

SECTION 15. ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)

The Advisory Committee on Immunization Practices (ACIP) is a federal advisory panel for the CDC that recommends routine immunization practices for children and adults in the US.

The primary functions of the ACIP are to:

- Develop technical recommendations on vaccine use and immunization practices.
- Harmonize immunization schedules with those of other advisory groups such as the American Academy of Pediatrics and the American Academy of Family Physicians.
- Approve vaccines for use in the VFC Program.

After approval, ACIP recommendations are published in Morbidity and Mortality Weekly Report (MMWR), a scientific periodical prepared by the CDC (https://www.cdc.gov/mmwr/) and become the standard of practice for administering the applicable vaccines.

VFC Resolutions

Once a new or amended recommendation is published, the ACIP approves it for inclusion in the VFC program by passing a VFC Resolution. VFC Resolutions determine what vaccines are available through the VFC Program including dosage, schedule, and contraindications. VFC Resolutions are the rules that providers must follow when administering vaccines under the VFC program.

The CDC publishes current VFC Resolutions on their website at https://www.cdc.gov/vaccines-for-children/hcp/vaccines-provided/index.html
Please note the following about VFC resolutions:

- VFC resolutions may not be identical to published ACIP recommendations.
- An ACIP recommendation does not apply to the VFC program until the VFC resolution is approved.
- For newly recommended vaccines, a VFC resolution must be approved before the CDC can negotiate a purchase contract with the manufacturer. Therefore,

there may be a delay between when the resolution is approved and when the vaccine is available.

NMIP monitors ACIP recommendations and VFC resolutions and ensures that the NM VFC Program reflects current guidance. We notify our VFC providers when new and amended ACIP recommendations and VFC resolutions become available.

Exceptions to ACIP Recommendations

VFC providers must offer all ACIP-recommended vaccines for the populations they serve unless:

- They deem, in their medical judgment and in accordance with accepted medical practices, that compliance with ACIP-recommendations is medically inappropriate for the child or,
- The requirement contradicts NM State law pertaining to religious or medical exemptions.

SECTION 16. NATIONAL CHILDHOOD VACCINE INJURY ACT REQUIREMENTS

The National Childhood Vaccine Injury Act (NCVIA) of 1986 was enacted to provide a cost-effective arbitration and compensation system for vaccine injury claims and reduce the potential liability of vaccine manufacturers. It also created a system for reporting and tracking adverse events related to vaccinations. Health care professionals who administer vaccines must adhere to the following NCVIA requirements when administering vaccinations. Please note that these requirements apply to ALL vaccinations administered at your facility, not just those given through the VFC Program.

Vaccine Information Statements (VIS)

You must provide a current vaccine-specific VIS to your patient or your patient's legal guardian for each vaccine at each vaccination visit.

VISs are published by the CDC and provide information to vaccine recipients about the risks and benefits of each vaccine. You must provide a current vaccine-specific VIS to your patient or your patient's legal guardian for each vaccine at each vaccination visit.

VISs are updated periodically. CDC and Immunize.org maintain current print, audio, and foreign language versions on their websites at:
https://www. cdc. gov/vaccines/hcp/vis/current-vis. html
https://www. immunize. org/vaccines/vis/about-vis/

Whether managed as electronic or paper documents, in a paper folder or through your EHR—you must provide the current VISs to your patient/parent/guardian at each vaccination visit. We recommend storing all VISs in one location and designating one person responsible for updating them. The CDC VIS webpage (link provided above) offers a *Get email updates* option that notifies you by email when VISs are changed. Another option is to download VISs directly from the CDC website as needed.

Vaccine Adverse Event Reporting System (VAERS)

VAERS is a national vaccine safety surveillance program created through the NCVIA and co-sponsored by the CDC and the Food and Drug Administration (FDA). VAERS provides a nationwide system for reporting, analyzing, and publishing information on adverse events related to vaccines.
The VAERS website is: http://vaershhsgov/professionals/index

The NCVIA requires health care providers to report to VAERS:

- Any adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.
- Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time after vaccination.

Reportable Events – Voluntary

You may report any adverse event that occurs after the administration of a vaccine licensed in the US, even if you are unsure whether a vaccine was the cause. VAERS reporting is not restricted to medical personnel. Anyone experiencing an adverse event after vaccination may report the incident.

For more information about where to report immunization adverse events and administration errors, see Appendix CC.

Vaccine Charting Requirements

Vaccination records must be included in a patient's permanent medical record and include the following information:

- Name of the vaccine
- Date of vaccine administration
- Vaccine manufacturer and lot number
- Name and title of the person giving the vaccine
- Address of the clinic where vaccine was given
- Publication date of the VIS and date it was provided to the patient

Several resources are available for charting records. The Immunization Action Coalition website (https://www. immunize. org/clinical/topic/documenting/)

provides free immunization charts (downloadable as PDFs) that capture all the information required by the NCVIA.

Here are some of their more commonly used forms:

- Vaccine Administration Record for Children and Teens: http://www. immunize. org/catg. d/p2022. pdf
- Vaccine Administration Record for Adults: http://www. immunize. org/catg. d/p2023. pdf

SECTION 17. OFF-SITE, MASS VACCINATION CLINICS AND MOBILE OUTREACH PROVIDERS

Off-Site and Mass Vaccination Clinics

VFC providers conducting off-site clinics and mass vaccinators must adhere to all general VFC program requirements. It is particularly important that they appropriately screen patients and document VFC eligibility. These clinic providers must also meet enhanced storage and handling requirements, which results in additional oversight responsibilities for NMIP, including:

- Adhering to current CDC Depot policy as described in the Immunization Program Operations Manual (IPOM).
- Requesting, reviewing, and approving mass vaccination procedures, including vaccine transport and vaccine temperature monitoring.
- Maintaining a current list of clinic dates and locations, as well as vaccine amounts by fund type being transported for each clinic.

NMIP will also work with mass vaccinators to validate that the Provider Profile correctly reflects VFC vaccine needs and takes into account the overlap of VFC-eligible children who may also be served by other VFC providers in the area.

DDLs must be used during routine, on-site vaccine storage, vaccine transport, and mass vaccination clinics.

Some providers may conduct off-site clinics, and NMIP may collaborate with remote and/or mass vaccinators as well. These opportunities can improve access and vaccination coverage for VFC-eligible children. However, these situations require additional program oversight and vaccine accountability. Not only are these providers required to adhere to all general program requirements, including screening and documenting VFC eligibility, they must maintain enhanced storage and handling practices. The list of actions below must be considered when planning an offsite or mass vaccination clinic:

- The number of VFC vaccines transported to an off-site or mass vaccination clinic should be based on the anticipated number of VFC-eligible children to be served.
- Vaccines may be transported—not shipped—to a clinic site using vaccine transportation procedures outlined in CDC's Vaccine Storage and Handling

Toolkit. This includes transporting vaccines to and from the site at appropriate temperatures and using appropriate equipment, as well as monitoring and documenting temperatures using a DDL with a probe in buffered material.
- Upon arrival at the clinic site, vaccines must be stored correctly to maintain appropriate temperature throughout the clinic day.
- Temperature data must be reviewed and documented every hour during the clinic using a DDL with a digital display and probe in buffered material.
- At the end of the clinic day, temperature data must be assessed prior to placing vaccines back into storage units to prevent administration of vaccines that may have been compromised.

Emergency Outreach Transport

- Please refer to your clinic's *VFC Emergency Vaccine Management Plan* for further transport instructions and Emergency Vaccine Storage, Handling, and Transport Preparations.
- Notify your Regional Coordinator before transport. During transport, utilize NM Emergency Outreach/Offsite Temperature Log.
- Transporting frozen vaccine is not allowed except for emergency and with approval by a regional coordinator.

General Rules on Refrigerated Vaccine Transport

- To minimize the risk of wasted vaccine, the quantity transported should be limited to the amount needed for that day. Verification of total number of recipients should be obtained prior to transport of the vaccine.
- CDC recommends transporting vaccine in vials.
- All vaccine should be transported in the passenger compartment of the vehicle **DO NOT** place vaccine in the trunk of a car or bed of a pick-up.
- If available, portable vaccine units are considered the best option for vaccine transport. Portable vaccine units are preferred because they use built-in temperature regulation and are controlled by a thermostat to maintain the temperature and do not require the use of pack out methods to maintain appropriate temperatures.
- Staff responsible for vaccine transport must review portable vaccine units' manufacturer instructions prior to use. Refer to the storage and handling process for monitoring temperatures offsite.
- Qualified pack-outs require specific supplies and packing procedures to minimize temperature excursions.

- Staff responsible for vaccine transport must review portable container manufacturer instructions prior to use.
- Verify the qualified container and pack-out and transport checklist is complete and saved with transport temperature logs.
- Transferring vaccine to another site is only allowed after the transferring provider receives approval from their VFC Regional Coordinators. Vaccine may never be transferred without prior approval.
    - If a provider needs more vaccine than they have on hand, they need to contact the VFC program to place an order/make an additional order outside your ordering timeframe.
    - VFC School-based sites follow the same policy as all VFC providers. Prior approval is required for vaccine transfers.
- For specific questions, always reference CDC's Vaccine Storage & Handling Toolkit. If questions remain, refer to the VFC Regional Immunization Coordinators.

Mobile Outreach Providers

VFC providers who are able and choose to conduct mobile offsite clinics are an important part of New Mexico's vaccination efforts to protect children from vaccine-preventable disease. Because of the requirement to store and handle vaccine in two distinct settings, mobile providers must make greater efforts to follow additional protocols to ensure the viability and safety of the vaccine in their care. Mobile clinic providers will be required to adhere to all protocols, requirements, best practices and reporting deadlines that VFC providers follow. In addition, mobile clinic providers should expect to have a site visit similar to those conducted at a fixed facility location. This includes any facilities the mobile clinic provider is using to store vaccines that will be used in their outreach operations. Unlike routine VFC site visits, the evaluation of mobile vaccine vehicles will take place annually, on or soon after the reenrollment process has been completed. The evaluation site visit will include a review of vaccination protocols and practices that occur during an actual outreach event. In addition to the requirements of a VFC site visit, the provider and staff of the mobile can expect to have the following practices evaluated:

- Staff person trained on Vaccine Storage & Handling onsite.
- Emergency Vaccine Management Plan complete and available onsite.
- Proper use of transfer logs in the event vaccines are picked up/dropped off at a NM Public Health Office.
- Vaccine stored in portable vaccine unit or qualified container/pack out.

- Back up vaccine storage unit and data logger onsite and prepared.
- Vaccine storage unit is packed/plugged in per manufacturer instructions.
- Containers are kept closed as much as possible during event.
- Data logger probe kept next to vaccines and is started.
- Data logger has current calibration date.
- Current temperatures are in range for vaccine type.
- Minimum & maximum temperatures are in range for vaccine type.
- Temperatures are documented on paper log at least hourly.
- Drawn up vaccine is labeled according to vaccine type.
- Vaccines are prepared in a clean area.
- Vaccines are being administered properly:
    - Aseptic technique
    - Correct patient
    - Correct Vaccine
    - Correct Interval
    - Correct route of administration
    - Correct volume
    - Correct age
    - Vaccine beyond-use date (BUD)/expiration date checked
- Administered vaccines are documented properly.
- Emergency kit is stocked with epinephrine and Benadryl.
- Emergency kit medications are viable and up to date.
- Patients are monitored for at least 15 minutes.

> ***NOTE:*** Mobile VFC providers are subject to the same action plan measures as all other NM VFC providers.

Frozen-stored vaccines

The use of frozen vaccines on mobile vaccination vehicles will only be permitted if it is equipped with a freezer unit that meets the requirement of the manufacturer's recommended storage requirements for the vaccine/s being transported, i.e., ultra-low temperature (ULT) capabilities. Providers must obtain permission for mobile frozen vaccine use through their Regional Coordinator.

About This Document

NMIP will provide an electronic copy of the VFC Program Provider Manual to all enrolled providers and post the most current version on our website. When revisions are made, the NMIP will notify providers by email, provide an electronic copy of the revised section(s), and post the revised section(s) to our website. It will be the provider facility's responsibility to access, review, save and refer to the updated version of the manual.

Appendix A. Routine Vaccine Management Plan Template

To download the most current forms, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "*VFC Vaccine Management Plan - Routine (fillable)"

ROUTINE VACCINE MANAGEMENT PLAN

NMHealth

Worksheet for Key Vaccine Management Information: *Keep Near Vaccine Storage Unit(s)*

The New Mexico VFC Program requires that each practice develop and maintain a Routine Vaccine Management Plan. Properly completing this template will meet the VFC Program participant requirement for written vaccine management plans. This Plan must be reviewed and updated annually, or when changes to any information within the plan occur.

Staff who are assigned vaccine management responsibilities are to review and sign the signature page at the end of this document annually and when the plan is updated. This Plan will be reviewed by VFC Program Site Reviewers and Regional Immunization Coordinators during routine and drop-in site visits. This plan must be kept near the vaccine storage units, along with your emergency vaccine management plan and storage unit temperature logs.

In addition to the training provided by your Regional Immunization Coordinators and NM CHILI training courses, practice staff benefit from online vaccine storage and handling training. NM VFC endorses and recommends the CDC's You Call the Shots and CDC'S excellent video Keys to Storing and Handling Your Vaccine Supply at, http://www.cdc.gov/vaccines/ed/youcalltheshots.html. This site produces certificates of completion to print and file.

Questions on vaccine storage should be directed to your Regional Immunization Coordinator.

Staff Roles and Contact Information

Office/Clinic			
Name		VFC PIN #	
Address			
City / State/Zip			

Role/Responsibility	Name	Phone #	Email
PSA-Physician Signing Agreement (Z3)			
Primary Coordinator (Z4)			
Back-Up Coordinator (Z5)			
Back-Up Coordinator (Z5)			
Back-Up Coordinator (Z5)			
Back-Up Coordinator (Z5)			

ROUTINE VACCINE MANAGEMENT PLAN

Vaccine Storage Units

Unit Type	Location (Room#)	Name in NMSIIS	Model	Purchase Date
Refrigerator				
Refrigerator				
Refrigerator				
Refrigerator				
Refrigerator				
Freezer				
Freezer				
Freezer				
Freezer				

ROUTINE VACCINE MANAGEMENT PLAN

Maintenance/Repair Company	
Company Name	
Name of usual repair person	
Phone	

Data Loggers

Location of Certificates of Calibration

Location of Back-up Data Logger/s

Name in NMSIIS	Serial number	Equipment ID	Battery Replaced Date	Expiration Date	Date Calibration entered in NMSIIS

Form Certification

Form Completed By			Primary/Back-Up Coordinator
Name		Title	
Signature			

ROUTINE VACCINE MANAGEMENT PLAN

Vaccine Management Personnel

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

Provider of Record

- ☐ Complies with all federal vaccine management requirements, including key areas outlined in this plan.
- ☐ Designates one employee as the practice's Primary Vaccine Coordinator, responsible for vaccine management.
- ☐ Designates one employee as the Back-up Vaccine Coordinator responsible for vaccine management when the Primary Vaccine Coordinator is not available.
- ☐ Reports staffing changes regarding the Primary Vaccine Coordinator, Back-up Vaccine Coordinator, and Provider of Record to the VFC Program by completing the VFC Contact Information Change form.
- ☐ Meets and documents required orientation and annual training for the practice's vaccine management personnel.
- ☐ Ensures that vaccine management personnel are skilled and knowledgeable regarding VFC requirements for temperature monitoring and storage equipment.
- ☐ Ensures that the practice's vaccine inventory management is consistent with VFC Program requirements.
- ☐ Provides a written plan for vaccine storage and handling during routine, planned office closures (for holidays, vacations, etc.) lasting four consecutive days or longer; submits plan to VFC staff for approval.
- ☐ Ensures that the practice's vaccine storage units meet VFC requirements.
- ☐ Updates and revises vaccine management plans at least annually and when necessary.
- ☐ Reviews VFC requirements and management plans with staff at least annually and when necessary.

Primary Vaccine Coordinator

- ☐ Completes required VFC Program trainings.
- ☐ Meets responsibilities described in the Vaccine Coordinator job aid.2
- ☐ Oversees the practice's vaccine management for routine and emergency situations.
- ☐ Monitors vaccine storage units.
- ☐ Maintains VFC-related documentation in an accessible location.

Back-Up Vaccine Coordinator

- ☐ Completes required VFC Program trainings.
- ☐ Assists the Primary Vaccine Coordinator with VFC responsibilities.
- ☐ Must be able to complete all VFC tasks when the Primary Vaccine Coordinator is not available.

Vaccine Storage and Temperature Monitoring Equipment

The Primary Vaccine Coordinator must review and acknowledge the requirements on the following pages by checking all items.

Vaccine Storage Units

Equipment

- ☐ The practice uses VFC-compliant vaccine storage refrigerator(s) and freezer(s) and maintains recommended temperature ranges:
  - Refrigerator: between 36°F–46°F
  - Freezer: below 5°F
- ☐ Storage units must have adequate capacity to store vaccine supply's, including during peak back-to-school and flu season.
- ☐ Storage units are routinely cleaned inside, kept dust-free outside, and doors have proper seals.
- ☐ Keeps maintenance and repair records on file and makes them available to review upon request.

Power Supply

- ☐ Each unit is plugged directly into a wall outlet that is not controlled by a light switch, power strips, or surge protectors with an on/off switch.
- ☐ Extension cords are never used to connect storage units to an outlet.
- ☐ "DO NOT UNPLUG" signs are posted at each outlet and circuit breakers.

Set-up

- ☐ Storage units are set up according to VFC Program requirements.
- ☐ Units are kept away from direct sunlight and away from walls to allow air circulation.
- ☐ Vaccine is never stored in the door, drawers, or bins. Unit drawers/deli crispers are removed.
- ☐ To stabilize temperatures, water bottles are kept in the refrigerator where vaccines cannot be stored. Frozen cold packs are kept in the freezer for similar purpose.
- ☐ VFC vaccine storage areas/shelves are marked VFC "Blended" to clearly identify vaccine supplies.
- ☐ Privately purchased vaccines are kept separate from VFC Program vaccines.
- ☐ Vaccines are organized in plastic mesh baskets and clearly labeled by type of vaccine.
- ☐ The glycol-encased data logger probe is placed in the center of the unit, near the vaccines.
- ☐ The data logger's display is securely attached to the outside of the storage unit.
- ☐ Vaccines are stored in their original packaging until administered; vaccine supply is 2–3 inches away from walls, air vents, and floor to allow space for air circulation.
- ☐ Food, beverages, and laboratory specimens are not stored in the units at any time.
- ☐ When medications or biologic media (not inoculated) are stored in the unit, they are placed on the shelves below vaccines.

ROUTINE VACCINE MANAGEMENT PLAN

Temperature Monitoring

Data Loggers

- ☐ Each storage unit must have a VFC-compliant data logger accurate within +/-1°F.
- ☐ Each data logger has a current and valid Certificate of Calibration (also known as a Report of Calibration).
- ☐ Each data logger has a biosafe glycol-encased probe placed in the center of the storage unit adjacent to the vaccine.
- ☐ Each data logger has a digital display of current, minimum, and maximum temperatures.
- ☐ Probes are NEVER placed in the unit's doors, near or against unit's walls, underneath air vents, or on the unit floor.

Data logger Calibration

- ☐ Calibrated digital data loggers are used in all storage units.
- ☐ Certificates of Calibration are filed in a readily accessible area and are presented to NMDOH Immunization program staff for review upon request.
- ☐ Data loggers are replaced on or before the expiration date listed on the device.

Safeguarding Vaccines, Handling and Reporting Out-of-Range Temperatures

- ☐ When an out-of-range temperature is identified, immediate action is taken to assess the situation and to prevent vaccine spoilage and loss.
- ☐ The VFC Regional Coordinator is contacted to report the incident, complete, and submit a Trouble Shooting Record (TSR) report.
- ☐ Vaccines in question are bagged and labeled "DO NOT USE" and stored under proper conditions until it is determined if they are viable.
- ☐ The practice has an Emergency Vaccine Management Plan to follow in the case of power outage, appliance malfunction, weather conditions, or human error that may affect vaccine viability.
- ☐ When it is necessary to transport vaccine to another storage unit or to a predetermined site, the practice always follows VFC Program guidelines.
- ☐ No vaccine is discarded unless directed to do so by the VFC Program.
- ☐ Actions are documented on the VFC temperature log and other VFC forms, as appropriate.

Temperature Monitoring and Documentation

- ☐ Reads and records MIN and MAX refrigerator and freezer temperatures at the start of each day.
- ☐ Verifies that the Data Loggers are ON after checking the min/max temperatures.
- ☐ The person documenting the storage unit temperature initials the min/max temperature log.
- ☐ Temperatures are documented on VFC Program min/max temperature logs.
- ☐ Temperature logs are posted on the storage unit door or nearby in an accessible location.
- ☐ The practice maintains completed temperature logs for three years and makes them available for review upon request to VFC Representatives.
- ☐ Temperatures from the Data logger must be downloaded into NMSIIS on the 1st of every month.

Inventory Management

- ☐ The practice enters inventory into NMSIIS upon receipt.
- ☐ A reconciliation of physical vaccine inventory is conducted at least once a month and before ordering vaccine.
- ☐ Vaccine stock is rotated monthly to assure that vaccines with the shortest expiration dates are used first.
- ☐ The practice may keep up to two weeks' additional supply to mitigate shortages in the event of shipment delays.
- ☐ When diluent is packaged with vaccine, the practice stores them together. When diluent is not packaged with its vaccine, the diluent is clearly labeled and stored where it can be easily identified.
- ☐ If vaccine is drawn up and not administered, it is recorded in NMSIIS and disposed of properly.

ROUTINE VACCINE MANAGEMENT PLAN

Stock Rotation, Returns, and Transfers

- ☐ The practice organizes vaccines so those with the shortest expiration dates are used first.
- ☐ The practice returns expired and/or spoiled vaccine to McKesson in a timely manner.
- ☐ If the practice has vaccine due to expire within three months and it will not be used:
  - Notify the VFC Program about the vaccine.
  - Submit a vaccine transfer form to the VFC Program.
  - Identify VFC providers in the area to contact and inquire if they may be able to use the soon-to- expire vaccines.
- ☐ If a practice transfers or transports vaccine, VFC Program guidelines must be followed, and the appropriate forms must be completed.
- ☐ If vaccine becomes spoiled or expires, staff remove it immediately from the storage unit, report it, and complete the appropriate documentation in NMSIIS.
- ☐ A return must be completed in NMSIIS for ***spoiled*** vaccines along with a temperature excursion form before completing the monthly reconciliation and entering a new vaccine order.
- ☐ A return must be completed in NMSIIS for ***expired*** vaccines before completing the monthly reconciliation and entering a new vaccine order.
- ☐ The practice must return spoiled or expired vaccine to McKesson with required documentation.

The following vaccine supplies should NOT be returned:

- Viable vaccine
- Used syringes with or without needles
- Syringes with vaccine drawn up and not used
- Broken or damaged vaccine vials
- Multi-dose vials that are partially used

Vaccine Ordering

- ☐ Orders are submitted according to clinic-based eligibility data, vaccine usage, the inventory on-hand.
- ☐ The practice does a physical inventory count and reconciliation before placing a vaccine order.
- ☐ Orders are placed with sufficient inventory on hand to allow time for order processing and vaccine delivery.
- ☐ Every VFC vaccine dose is accounted for. Sites may be held financially responsible for vaccine doses not accounted for or lost due to negligence.
- ☐ The practice verifies its operation hours when placing their order in the online ordering system before submitting each order. Any changes to the practice's hours are reported with each order to avoid receiving vaccine shipments when the clinic is closed, or the staff is not available.

Receiving and Inspecting Vaccine Shipments

- ☐ The practice is familiar with procedures for accepting vaccine shipments.
- ☐ The practice assumes responsibility for all VFC vaccine shipped to its site.
- ☐ Vaccine shipments are inspected immediately upon arrival to verify that the temperature during transport was within range, and that the vaccines being delivered match those listed on the packing slip.
- ☐ The practice never rejects vaccine shipments.
- ☐ The practice follows the Vaccine Shipments & Order Delivery protocol.
- ☐ Vaccines are immediately stored according to VFC requirements.
- ☐ Vaccines are accepted into NMSIIS inventory upon receipt via the blue hyperlink.

Signature Log

By signing I acknowledge I have reviewed and am familiar with all the information in this document and its appendices.

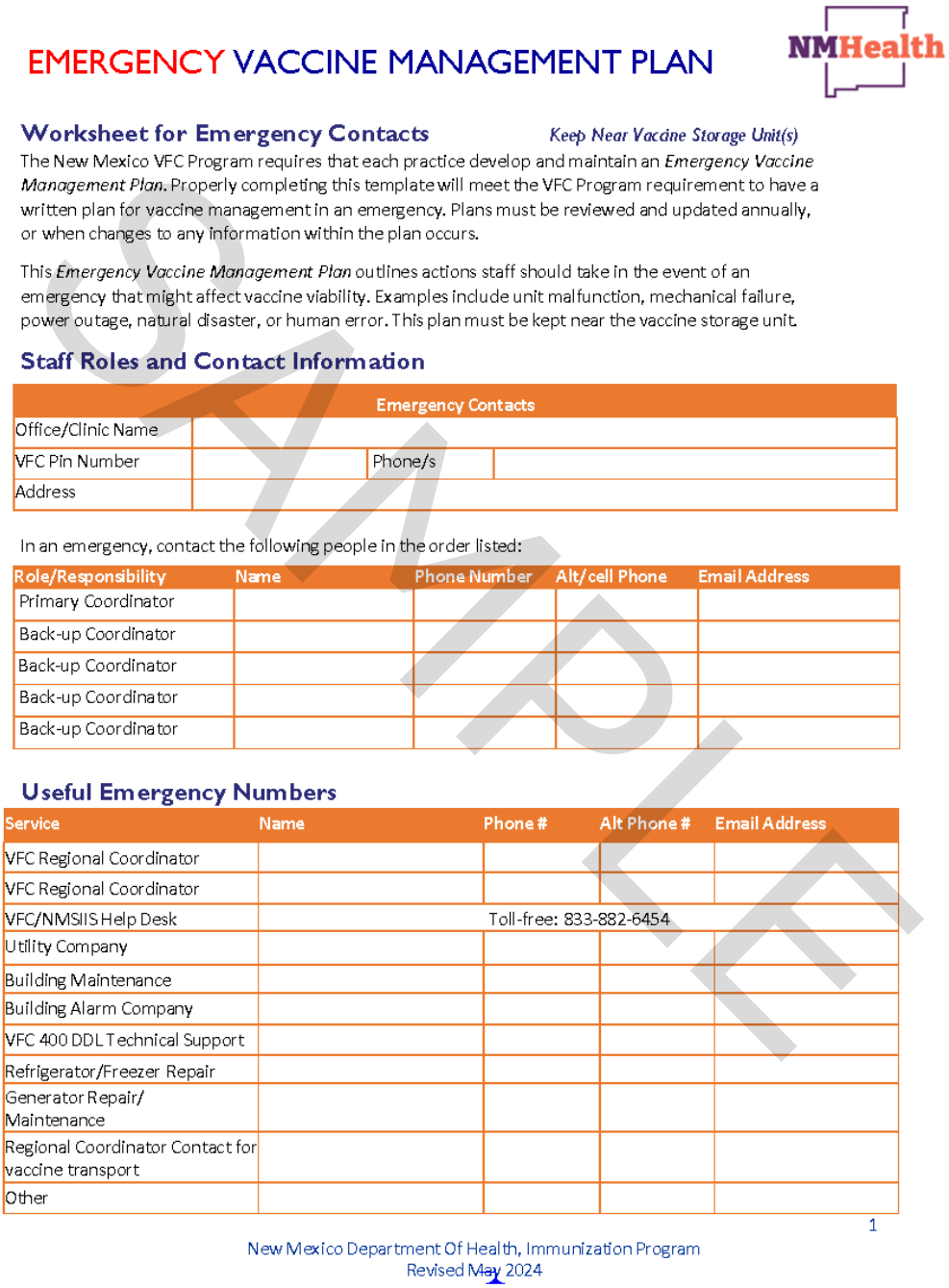
Review			
Date			
Updates / Comments			
PSA-Physician Signing Agreement (Z3)		Digital Signature	
Primary Coordinator (Z4)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	

Vaccine Staff Training Log

Date	Subject of Training	Name	Title
	CHIL-E Training		PSA
	You-Call The Shots		PSA
	CHIL-E Training		Primary
	You-Call The Shots		Primary
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up

Appendix B. Emergency Vaccine Management Plan Template

To download the most current forms, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "*VFC Vaccine Management Plan - Emergency (fillable)"



EMERGENCY VACCINE MANAGEMENT PLAN

NMHealth

Worksheet for Emergency Contacts *Keep Near Vaccine Storage Unit(s)*

The New Mexico VFC Program requires that each practice develop and maintain an *Emergency Vaccine Management Plan*. Properly completing this template will meet the VFC Program requirement to have a written plan for vaccine management in an emergency. Plans must be reviewed and updated annually, or when changes to any information within the plan occurs.

This *Emergency Vaccine Management Plan* outlines actions staff should take in the event of an emergency that might affect vaccine viability. Examples include unit malfunction, mechanical failure, power outage, natural disaster, or human error. This plan must be kept near the vaccine storage unit.

Staff Roles and Contact Information

Emergency Contacts			
Office/Clinic Name			
VFC Pin Number		Phone/s	
Address			

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

Role/Responsibility	Name	Phone Number	Alt/cell Phone	Email Address
Primary Coordinator				
Back-up Coordinator				
Back-up Coordinator				
Back-up Coordinator				
Back-up Coordinator				

Useful Emergency Numbers

Service	Name	Phone #	Alt Phone #	Email Address
VFC Regional Coordinator				
VFC Regional Coordinator				
VFC/NMSIIS Help Desk		Toll-free: 833-882-6454		
Utility Company				
Building Maintenance				
Building Alarm Company				
VFC 400 DDL Technical Support				
Refrigerator/Freezer Repair				
Generator Repair/ Maintenance				
Regional Coordinator Contact for vaccine transport				
Other				

1

New Mexico Department Of Health, Immunization Program
Revised May 2024

EMERGENCY VACCINE MANAGEMENT PLAN

Vaccine Storage Unit Information

Unit Type	Name in NMSIIS and location of unit	Brand/Model	Serial Number
Refrigerator			
Refrigerator			
Refrigerator			
Refrigerator			
Refrigerator			
Freezer			
Freezer			
Freezer			
Freezer			

Attach additional unit information if needed.

EMERGENCY VACCINE MANAGEMENT PLAN

Does the clinic have a generator	If so, where is it located?
Yes ☐ No ☐	

All clinics must have alternate VFC storage locations to take their VFC vaccines to in case of an emergency, even if your clinic has a generator.

Alternate Vaccine Storage Plans	VFC Pin- Provider Name and address	Site contacts – *names and cell phone numbers*	Office Phone	Details of plan
Plan A				
Plan B				
Plan C				
Plan D	Close and seal all vaccine storage units; use large "DO NOT OPEN" signs; record the date and time the units were closed; ***make sure all data loggers are on and recording***.			

All clinics must have emergency packing supplies readily available, even if your clinic has a generator.

Location of emergency packing supplies:

Other Useful Information

Facility Floor Plan: Attach a simple floor diagram identifying the location of doors, light switches, flashlights, spare batteries, keys, locks, vaccine storage units, alarms, circuit breakers, packing materials, etc.

Form Certification

Form Completed By			Primary/Back-Up Coordinator
Name		Title	
Signature			

EMERGENCY VACCINE MANAGEMENT PLAN

Emergency Vaccine Management Plan

Use the following guidance for safeguarding vaccines in the event of planned or unplanned power interruptions (e.g., power outages, weather related circumstances, building maintenance/ repairs, etc.).
Please click on each box below to verify you have reviewed and understand the following guidances.

Before an Emergency

- ☐ Maintain emergency contact information for key staff responsible for vaccine management.
- ☐ Store water bottles in freezers where vaccines cannot be stored. This helps maintain the interior temperature in the event of a power loss.
- ☐ Identify alternate vaccine storage location(s), e.g., a local hospital or another VFC provider. Ensure the location has adequate space to accommodate vaccines and their temperature monitoring equipment meets VFC Program requirements.
- ☐ Update the necessary contact information for alternate vaccine storage location(s), including the facility name, address, contact person, and telephone number.
- ☐ Stock supplies indicated in Transporting Refrigerated Vaccines and Transporting Frozen Vaccines.
- ☐ Label and keep accessible any necessary vaccine packing and transport job aids, facility floor plans when available, and other related information.
- ☐ Be familiar with back-up power sources for commercial/lab/pharmacy grade units.

During an Emergency

- ☐ Assess the situation. Do not open the unit. Determine the cause of the power failure and estimate the time it will take to restore power.
- ☐ Notify the key staff listed on this Emergency Plan as appropriate.
- ☐ If the power outage is expected to be short-term, usually restored within 2 hours:
  - Record the time the outage started, the unit temperatures (Current, Min, Max). and room temperature.
  - Place a "DO NOT OPEN" sign on storage unit(s) to conserve cold air mass.
  - If MMR is stored in the refrigerator, move it to the freezer.
  - Verify water bottles are distributed throughout the refrigerator.
  - Monitor the interior temperature using a data logger until power is restored. Do not open the unit to verify the temperature.
- ☐ If the outage is expected to be long term, usually longer than 2 hours, consider moving vaccines to an alternative unit or facility. See details under Vaccine Relocation, below.
- ☐ Note: Temperatures in commercial, pharmacy, and lab grade units tend to increase faster during power failures. As a result, clinics using these units need to monitor temperatures more frequently and may need to transport vaccines to an alternate location sooner.

EMERGENCY VACCINE MANAGEMENT PLAN

Packaging and Transporting Vaccines

- [ ] Document vaccine storage temperatures before, during, and after transport on a Vaccine Transport Log.
- [ ] Prepare cooler(s) following VFC guidelines.
  - Use Conditioned frozen water bottles for refrigerated vaccines. Placing refrigerated vaccine directly on frozen packs and packaging it without sufficient insulation may freeze and therefor damage vaccine.
  - Frozen vaccine should only be transported in a frozen vaccine pack-out container. If such a container is not available, leave the frozen vaccines in the freezer and keep the door closed to maintain the temperature.
- [ ] Package and prepare diluent.
  - MMR, Varicella and MMR-V diluent can be stored at room temperature or in the refrigerator.
  - Diluents stored in the refrigerator should be transported with refrigerated vaccines.
  - Diluents stored at room temperature should be transported at room temperature.
  - Diluents packaged with their vaccine should be transported with the vaccine.
- [ ] Upon arrival at the alternate vaccine storage location, document total vaccine transport time, the temperatures (Current, Min, Max) in the transport cooler(S) and the alternate storage unit(s).

After Power is Restored

- [ ] Verify storage units are functioning properly before attempting to move any vaccine.
- [ ] Follow the same transportation procedures and transfer vaccine back to its original storage unit.
- [ ] Vaccine kept at the proper temperature during the power outage. Whether transported or not may be used.
- [ ] For any vaccine not stored at the proper temperature:
  - Segregate it in them storage unit.
  - Mark it "DO NOT USE"
  - Contact your VFC Regional Coordinator; be prepared to provide timeframes and temperature information.
- [ ] Never return vaccine to the vaccine distributor without VFC Program authorization.

EMERGENCY VACCINE MANAGEMENT PLAN

Signature Log

By signing, I acknowledge I have reviewed and am familiar with the information in this document.

Review			
Date			
Updates and Comments			
PSA-Physician Signing Agreement (Z3)		Digital Signature	
Primary Coordinator (Z4)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	

Appendix C. Routine Management Plan How-To Guide

New Mexico Vaccines for Children (VFC) Program
Routine Management Plan – Provider How-To Guide

The New Mexico VFC Program requires that each practice develop and maintain a *Routine Management Plan*. Please follow the steps below to properly complete the Routine Management Plan template.

Please keep in mind that the Routine and Emergency Management Plan must be updated:

- Annually
- Each time plans are revised, and
- If there is a change in your provider staff.

Step 1: Staff Roles and Contact Information

In the first table, fill in:

1. Your provider "Office/Clinic Name"
2. VFC PIN number
3. Address
4. City/State/Zip code

Staff Roles and Contact Information

Office/Clinic			
Name		VFC PIN #	
Address			
City / State/Zip			

In the second table, fill in the name, phone number and email address for the following staff roles (all should match your "Clinic Staff" in NMSIIS):

- PSA – Physician Signing Agreement (Z3)
- Primary Coordinator (Z4)
- Backup Coordinator(s) (Z5)

Role/Responsibility	Name	Phone #	Email
PSA-Physician Signing Agreement (Z3)			
Primary Coordinator (Z4)			
Back-Up Coordinator (Z5)			
Back-Up Coordinator (Z5)			
Back-Up Coordinator (Z5)			
Back-Up Coordinator (Z5)			

Note: If your staff's PSA, primary or backup is not listed as a "Clinic Staff" member in NMSIIS, please follow the appropriate *Change of Contact Instructions* found in NMSIIS Reports, under the New Mexico Forms and Documents section to download:

- VFC Physician Signing Agreement Change of Contact Instructions 8/22
- VFC Provider Staff Change of Contact and Training Documents 8/22

Step 2: Vaccine Storage Units

In the table, list all storage units that will be used to store VFC-supplied vaccines. Please include:

- The location of each storage unit (i.e., room number)
- Name of each storage unit as it is displayed in NMSIIS
  - To see the name of your storage unit in NMSIIS, navigate to Clinic Tools › Storage Units. Each storage unit with an "Active" status will display.
- Model
- Purchase Date
  - Do not leave the purchase date blank! The purchase date can help you, your staff, and your regional coordinator evaluate the need to purchase a new vaccine storage unit in the event there are multiple/reoccurring temperature excursions or unit failures. A repair technician should also check your equipment to determine the need for repair or replacement of the unit.

Vaccine Storage Units

Unit Type	Location (Room#)	Name in NMSIIS	Model	Purchase Date
Refrigerator				
Refrigerator				
Refrigerator				
Refrigerator				
Refrigerator				
Freezer				
Freezer				
Freezer				
Freezer				

Please note, dormitory-style AND household-combo storage units may not be used to store VFC-supplied vaccines under any circumstances!

If your provider location has more storage units that cannot fit in the Routine Management Plan template, please attach the additional storage unit information to the template when submitting completed forms to your VFC Regional Coordinator(s).

Step 3: Maintenance/Repair Company

In the table, fill in the following:

1. Name of the company that will provide storage unit maintenance and repair
2. Name of your usual storage unit repair person
3. Phone number

Maintenance/Repair Company	
Company Name	
Name of usual repair person	
Phone	

Step 4: Data Loggers

In the first table, fill in the:

- Location of Certificates of Calibration for VFC400 digital data loggers (DDLs)
  - Each data logger must have a current and valid Certificate of Calibration that should be filed in a readily accessible area and can be presented to NMDOH Immunization Program staff for review upon request.
    - Certificates of Calibration should be uploaded to each corresponding data logger listed in NMSIIS.
- Location of Backup Data Logger(s)
  - A backup DDL must be readily available in the event a DDL fails or if calibration testing is required.
    - Backup DDLs must have a different date for calibration testing than the primary/other DDLs to avoid having to send out all DDLs for recalibration at the same time.
      - If the backup DDL and the primary DDL have the same calibration retesting date, providers must have their storage unit retested prior to expiration, to ensure that a valid DDL is available for required temperature monitoring.
    - NOTE: Backup DDLs should not be stored in the storage unit. This can result in conflicting temperature readings and staff confusion.

Data Loggers

Location of Certificates of Calibration
Location of Back-up Data Logger/s

In the second table, fill in the following information for all DDLs:

- Name of the DDL in NMSIIS
- DDL serial number
- Equipment ID (see Certificate of Calibration)
- Battery replaced date
- Expiration date
- Date of calibration entered in NMSIIS

Name in NMSIIS	Serial number	Equipment ID	Battery Replaced Date	Expiration Date	Date Calibration entered in NMSIIS

Step 5: Form Certification

The Form Certification table should be completed by the provider's primary or backup coordinator. By completing this table, your location certifies that the routine management plan is current and that all staff have reviewed the management plan and are trained to complete all routine management tasks to meet all VFC requirements.

The staff member certifying/completing the management plan must fill in their:

- Name
- Title
- Digital Signature

Digital signature(s) are required to validate the authenticity of the individual signing and completing the vaccine management plan. Scanned signatures/management plans will not be approved. The NM VFC Program does not require you use Adobe Acrobat to complete a digital signature(s). Any digital signature will be considered valid, so long as it is timestamped.

Form Certification

Form Completed By			Primary/Back-Up Coordinator
Name		Title	
Signature			

For assistance with completing a digital signature in Adobe, please follow the instructions in the *"Creating and Signing with a Digital Signature in Adobe Acrobat"* document found in the NMSIIS Reports module.

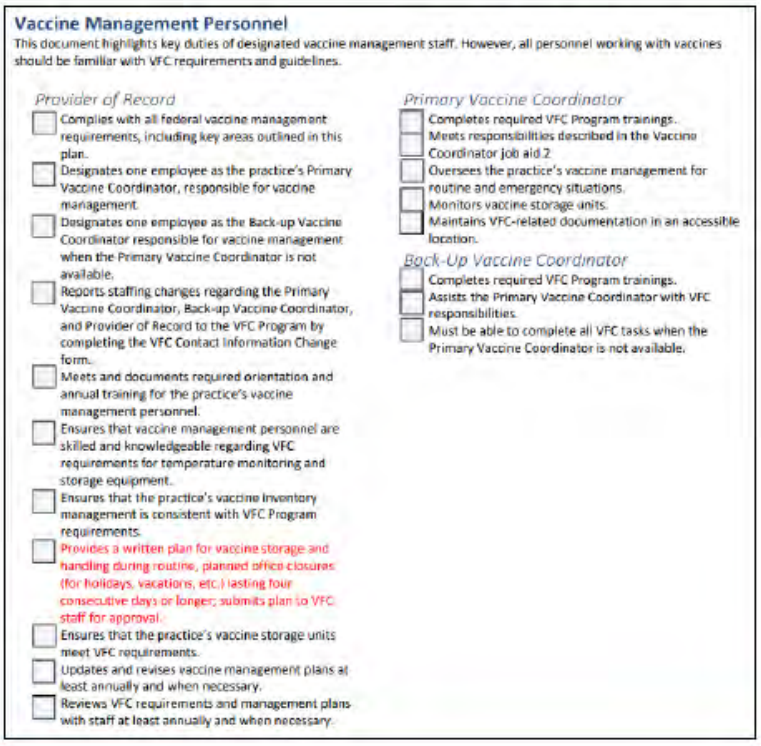
Upon approval of management plans, your Regional Coordinator will document the date of the digital signature in this table. Management plans must be updated annually from the date of the form certification.

Please keep in mind that management plans, including this section, must be updated each time there is a staff change or if plans are revised.

Step 6: Vaccine Management Personnel Checklist

Page 4 lists the key duties for the Provider of Record (Physician Signing Agreement [PSA]), the primary vaccine coordinator, and the backup vaccine coordinator. The staff member in these roles must ensure they meet and understand each required duty/task they are responsible for. However, all personnel working with vaccines should be familiar with VFC requirements and guidelines.

This section is completed by each respective staff member. By checking each box, the staff member acknowledges their responsibility to meet each routine NM VFC program requirement.



Vaccine Management Personnel

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

Provider of Record

- ☐ Complies with all federal vaccine management requirements, including key areas outlined in this plan.
- ☐ Designates one employee as the practice's Primary Vaccine Coordinator, responsible for vaccine management.
- ☐ Designates one employee as the Back-up Vaccine Coordinator responsible for vaccine management when the Primary Vaccine Coordinator is not available.
- ☐ Reports staffing changes regarding the Primary Vaccine Coordinator, Back-up Vaccine Coordinator, and Provider of Record to the VFC Program by completing the VFC Contact Information Change form.
- ☐ Meets and documents required orientation and annual training for the practice's vaccine management personnel.
- ☐ Ensures that vaccine management personnel are skilled and knowledgeable regarding VFC requirements for temperature monitoring and storage equipment.
- ☐ Ensures that the practice's vaccine inventory management is consistent with VFC Program requirements.
- ☐ Provides a written plan for vaccine storage and handling during routine, planned office closures (for holidays, vacations, etc.) lasting four consecutive days or longer; submits plan to VFC staff for approval.
- ☐ Ensures that the practice's vaccine storage units meet VFC requirements.
- ☐ Updates and revises vaccine management plans at least annually and when necessary.
- ☐ Reviews VFC requirements and management plans with staff at least annually and when necessary.

Primary Vaccine Coordinator

- ☐ Completes required VFC Program trainings.
- ☐ Meets responsibilities described in the Vaccine Coordinator job aid 2.
- ☐ Oversees the practice's vaccine management for routine and emergency situations.
- ☐ Monitors vaccine storage units.
- ☐ Maintains VFC-related documentation in an accessible location.

Back-Up Vaccine Coordinator

- ☐ Completes required VFC Program trainings.
- ☐ Assists the Primary Vaccine Coordinator with VFC responsibilities.
- ☐ Must be able to complete all VFC tasks when the Primary Vaccine Coordinator is not available.

Step 7: Vaccine Storage and Temperature Monitoring Equipment Checklist

Pages 5 through 7 lists the vaccine storage and temperature monitoring requirements that the provider location must routinely follow to ensure vaccine viability and program compliance. By checking all items on these pages, the primary vaccine coordinator, and provider staff, acknowledge their responsibility to maintain proper vaccine management, storage, and handling practices.

All boxes on these pages must be reviewed and checked prior to submitting the management plan to your Regional Coordinator for approval. Please ensure all staff are trained to meet each requirement listed.

Vaccine Storage and Temperature Monitoring Equipment

The Primary Vaccine Coordinator must review and acknowledge the requirements on the following pages by checking all items.

Vaccine Storage Units

Equipment

- ☐ The practice uses VFC-compliant vaccine storage refrigerator(s) and freezer(s) and maintains recommended temperature ranges:
  - Refrigerator: between 36°F–46°F
  - Freezer: below 5°F
- ☐ Storage units must have adequate capacity to store vaccine supply's, including during peak back-to-school and flu season.
- ☐ Storage units are routinely cleaned inside, kept dust-free outside, and doors have proper seals.
- ☐ Keeps maintenance and repair records on file and makes them available to review upon request.

Power Supply

- ☐ Each unit is plugged directly into a wall outlet that is not controlled by a light switch, power strips, or surge protectors with an on/off switch.
- ☐ Extension cords are never used to connect storage units to an outlet.
- ☐ "DO NOT UNPLUG" signs are posted at each outlet and circuit breakers.
- ☐ The glycol-encased data logger probe is placed in the center of the unit, near the vaccines.
- ☐ The data logger's display is securely attached to the outside of the storage unit.
- ☐ Vaccines are stored in their original packaging until administered; vaccine supply is 2–3 inches away from walls, air vents, and floor to allow space for air circulation.
- ☐ Food, beverages, and laboratory specimens are not stored in the units at any time.
- ☐ When medications or biologic media (not inoculated) are stored in the unit, they are placed on the shelves below vaccines.

For more information on proper vaccine storage, handling, and transport recommendations and best practices please review the CDC's Vaccine Storage and Handling Toolkit.

Step 8: Signature Log

In the signature log table, the PSA, primary coordinator and all backup coordinators must enter their names and complete a digital signature. By signing, each staff member acknowledges they have reviewed and are familiar with all the information in the routine management plan and its appendices.

Signature Log

By signing I acknowledge I have reviewed and am familiar with all the information in this document and its appendices.

Review			
Date			
Updates / Comments			
PSA-Physician Signing Agreement (Z3)		Digital Signature	
Primary Coordinator (Z4)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	

Include the date of review and include any updates or comments in the respective fields.

Step 9: Vaccine Staff Training Log

In this section, list all designated staff to document they have completed the required CHILe and You Call the Shot trainings.

When staff complete CHILe and You Call the Shots modules, they are issued a certificate of completion. Staff are required to retain and file certificates along with all NM VFC paperwork.

The "date" of vaccine staff training in this table should correspond with the date of receiving certificates of completion. Copies of training certificates must be sent to your Regional Coordinator for validation. CHILe training certificates and You Call the Shots training certificates must be uploaded to the individual's staff contact in NMSIIS.

Vaccine Staff Training Log

Date	Subject of Training	Name	Title
	CHIL-E Training		PSA
	You-Call The Shots		PSA
	CHIL-E Training		Primary
	You-Call The Shots		Primary
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up
	CHIL-E Training		Back-Up
	You-Call The Shots		Back-Up

If a replacement CHILe training certificate is needed, please email the VFC Health Educator at: VFC.Health-Educator@doh.nm.gov

To access CHILe training, please follow the *"VFC CHILe Training How-To Guide"* in the NMSIIS Reports module.

Appendix D. Emergency Management Plan How-To Guide

New Mexico Vaccines for Children (VFC) Program
Emergency Management Plan – Provider How-To Guide

The New Mexico VFC Program requires that each practice develop and maintain an *Emergency Management Plan* that can be implemented in the event of an unforeseen emergency such as a natural disaster, power outage, equipment failure or severe weather conditions. Please follow the steps listed below to properly complete the Emergency Management Plan template.

Please keep in mind that the Routine and Emergency Management Plan must be updated:

- Annually
- Each time plans are revised, and
- If there is a change in your provider staff.

Step 1: Staff Roles and Contact Information

In the first table, fill in:

1. Your provider "Office/Clinic Name"
2. VFC PIN number
3. Phone number
4. Full address

Staff Roles and Contact Information

Emergency Contacts			
Office/Clinic Name			
VFC Pin Number		Phone/s	
Address			

In the second table, fill in the name, phone number, alternate phone number and email address for the following staff roles (all should match your "Clinic Staff" in NMSIIS):

- Primary Coordinator
- Backup Coordinator(s)

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

Role/Responsibility	Name	Phone Number	Alt/cell Phone	Email Address
Primary Coordinator				
Back-up Coordinator				
Back-up Coordinator				
Back-up Coordinator				
Back-up Coordinator				

Note: If your staff's primary or backup is not listed as a "Clinic Staff" member in NMSIIS, please follow the appropriate *Change of Contact Instructions* found in NMSIIS Reports, under the New Mexico Forms and Documents section to download:

- VFC Provider Staff Change of Contact and Training Documents 8/22

Step 2: Useful Emergency Numbers

Fill in the name, phone number, alternate phone number, and email address information for the following services:

- VFC Regional Coordinator*
- Utility Company
- Building Maintenance
- Building Alarm Company
- VFC 400 Digital Data Logger (DDL) Technical Support
- Refrigerator/Freezer Repair
- Generator Repair/Maintenance
- Regional Coordinator Contact for vaccine transport
- Other

* Depending on your region, you may have more than one regional coordinator contact. If this applies to your site, please include two.

Useful Emergency Numbers

Service	Name	Phone #	Alt Phone #	Email Address
VFC Regional Coordinator				
VFC Regional Coordinator				
VFC/NMSIIS Help Desk	Toll-free: 833-882-6454			
Utility Company				
Building Maintenance				
Building Alarm Company				
VFC 400 DDL Technical Support				
Refrigerator/Freezer Repair				
Generator Repair/ Maintenance				
Regional Coordinator Contact for vaccine transport				
Other				

Step 3: Vaccine Storage Unit Information

For each storage unit housing VFC-supplied vaccine, fill in the name of the unit in NMSIIS and location of the unit, brand/model, and serial number in the first table (page 2).

Vaccine Storage Unit Information

Unit Type	Name in NMSIIS and location of unit	Brand/Model	Serial Number
Refrigerator			
Refrigerator			
Refrigerator			
Refrigerator			
Refrigerator			
Freezer			
Freezer			

If your location has more storage units that cannot fit in the Emergency Management Plan template, please attach the additional storage unit information when submitting the completed forms to your VFC Regional Coordinator(s).

On page 3, specify whether your location has a generator and its location on the first table.

Does the clinic have a generator	If so, where is it located?
Yes ☐ No ☐	

All clinics must have alternate VFC storage locations to take their VFC vaccines to in case of an emergency, even if your clinic has a generator.

Having a generator on-site at your location can help prevent the need to transport vaccines to an alternative vaccine storage location during an emergency such as a power outage. If your location has an on-site generator, ensure the generator is tested/serviced and that there is enough fuel for the generator to run for at least 72 hours.

In the second table, please provide the following information for each alternate vaccine storage plan in the event of emergency (please include at least two alternative sites):

- VFC PIN#, provider name, and address
- Site contacts (i.e., names, and cell phone numbers)
- Office phone number
- Details of plan (i.e., transfer doses to alternate vaccine storage location)

Alternate Vaccine Storage Plans	VFC Pin- Provider Name and address	Site contacts – *names and cell phone numbers*	Office Phone	Details of plan
Plan A				
Plan B				
Plan C				
Plan D	Close and seal all vaccine storage units; use large "DO NOT OPEN" signs; record the date and time the units were closed; ***make sure all data loggers are on and recording.***			

Ensure that the alternate vaccine storage location listed has a separate unit or shared space that can maintain required temperature ranges for your vaccines. Temperatures should be continuously monitored and recorded when storing vaccines during an emergency.

Please note, Plan D is pre-filled in the event a transfer is not possible: Close and seal all vaccine storage units; use large "DO NOT OPEN" signs on storage unit doors; record the date and time the units were closed; make sure all data loggers are on and recording.

In the third table, list the location of any emergency packing supplies. Ensure that all emergency packing supplies are readily available, even if your clinic has a generator.

All clinics must have emergency packing supplies readily available, even if your clinic has a generator.
Location of emergency packing supplies:

Step 4: Other Useful Information

You may attach a facility floor plan/diagram identifying the location of doors, light switches, flashlights, spare batteries, keys, locks, vaccine storage units, alarms, circuit breakers, packing materials, etc.

Step 5: Form Certification

The Form Certification table should be completed by the provider's primary or backup coordinator. By completing this table, your location certifies that the emergency management plan is current and that all staff have reviewed the management plan and are trained to complete all emergency management tasks to meet all VFC requirements.

The staff member certifying/completing the management plan must fill in their:

- Name
- Title
- Digital Signature

Digital signature(s) are required to validate the authenticity of the individual signing and completing the vaccine management plan. Scanned signatures/management plans will not be approved. Please note, the NM VFC Program does not require you use Adobe Acrobat to complete a digital signature(s). Any digital signature will be considered valid, so long as it is time-stamped.

Form Certification

Form Completed By			Primary/Back-Up Coordinator
Name		Title	
Signature			

For assistance with completing a digital signature in Adobe, please follow the instructions in the *"Creating and Signing with a Digital Signature in Adobe Acrobat"* document found in the NMSIIS Reports module.

Upon approval of management plans, your Regional Coordinator will document the date of the digital signature in this table. Management plans must be updated annually from the date of the form certification.

Please keep in mind that management plans, including this section, must be updated each time there is a staff change or if plans are revised.

Step 6: Emergency Vaccine Management Plan Checklist

Pages 4 through 5 list the guidance to follow for safeguarding vaccine in the event of planned or unplanned power interruptions (e.g., power outages, weather related circumstances, building maintenance/repairs, etc.).

By checking off each box, all provider staff members acknowledge that they have reviewed/understand all guidelines to follow before, during, and after an emergency, as well as packing and transporting vaccines.

Emergency Vaccine Management Plan

Use the following guidance for safeguarding vaccines in the event of planned or unplanned power interruptions (e.g., power outages, weather related circumstances, building maintenance/ repairs, etc.).
Please click on each box below to verify you have reviewed and understand the following guidances.

Before an Emergency

- ☐ Maintain emergency contact information for key staff responsible for vaccine management.
- ☐ Store water bottles in freezers where vaccines cannot be stored. This helps maintain the interior temperature in the event of a power loss.
- ☐ Identify alternate vaccine storage location(s), e.g., a local hospital or another VFC provider. Ensure the location has adequate space to accommodate vaccines and their temperature monitoring equipment meets VFC Program requirements.
- ☐ Update the necessary contact information for alternate vaccine storage location(s), including the facility name, address, contact person, and telephone number.

During an Emergency

- ☐ Assess the situation. Do not open the unit. Determine the cause of the power failure and estimate the time it will take to restore power.
- ☐ Notify the key staff listed on this Emergency Plan as appropriate.
- ☐ If the power outage is expected to be short-term, usually restored within 2 hours:
  - Record the time the outage started, the unit temperatures (Current, Min, Max). and room temperature.
  - Place a "DO NOT OPEN" sign on storage unit(s) to conserve cold air mass.
  - If MMR is stored in the refrigerator, move it to the freezer.

Step 7: Signature Log

In the signature log table, the PSA, primary coordinator and all backup coordinators must enter their names and complete a digital signature. By signing, each staff member acknowledges they have reviewed and are familiar with all information in the emergency management plan.

Include the date of review and include any updates or comments in the respective fields.

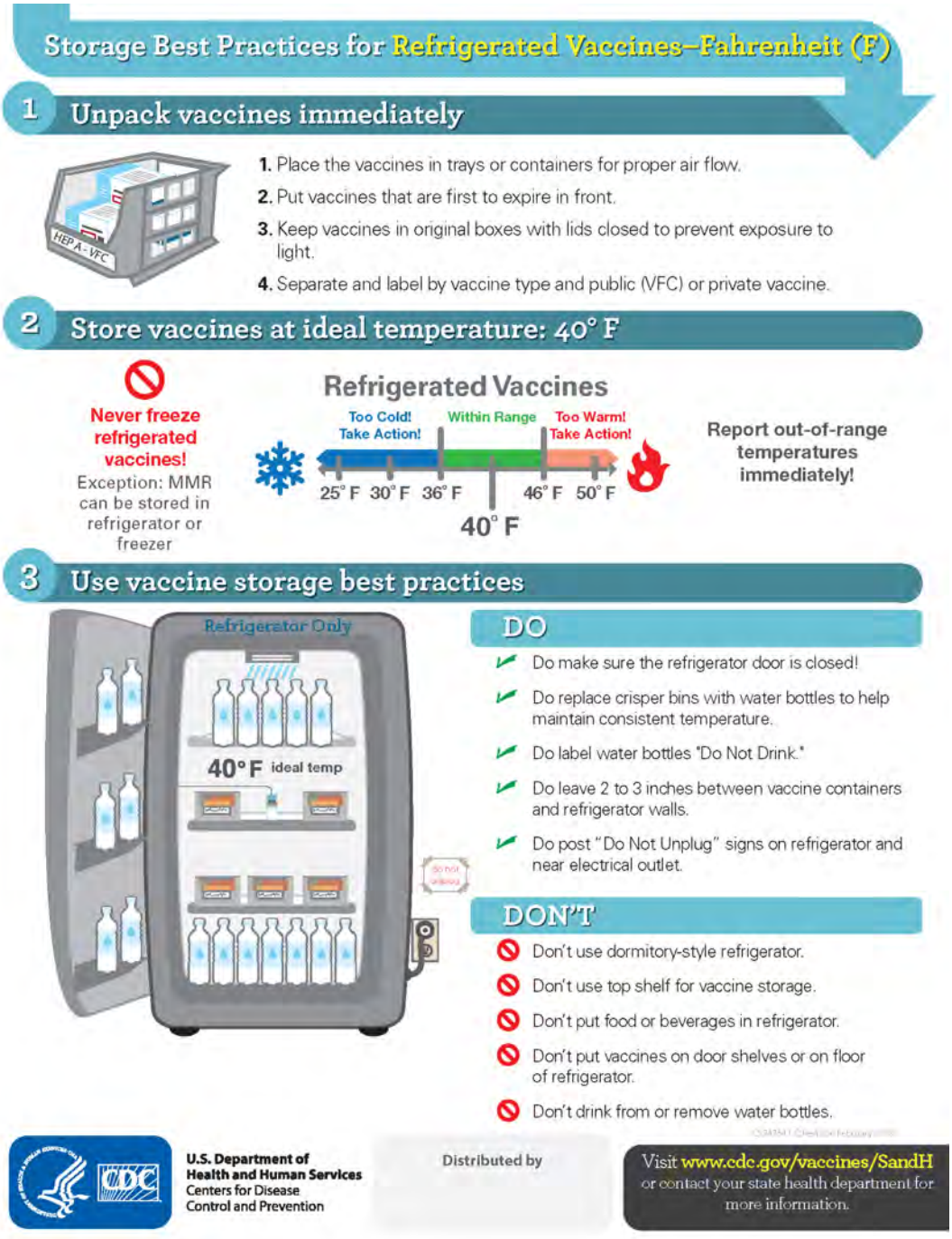
Signature Log

By signing, I acknowledge I have reviewed and am familiar with the information in this document.

Review			
Date			
Updates and Comments			
PSA-Physician Signing Agreement (Z3)		Digital Signature	
Primary Coordinator (Z4)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	
Back-Up Coordinator (Z5)		Digital Signature	

Appendix E. Vaccine Storage Best Practices – Refrigerator

To download, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Vaccine Storage Best Practices - refrigerator"



Test Your Knowledge

1 **Can you find at least 8 things that are wrong with vaccine storage in this refrigerator?**

2 **When unpacking vaccines, why is it important to put the first-to-expire in the front?**

A. It reduces the risk that an expired vaccine will be given
B. It saves money by reducing waste
C. It reduces time spent on returns
D. All of the above
E. None of the above—it's really about organization

3 **It is okay to drink from the water bottles as long as you replace them. True/False**

4 **One of the most common reasons that refrigerators are out of temperature range is:**

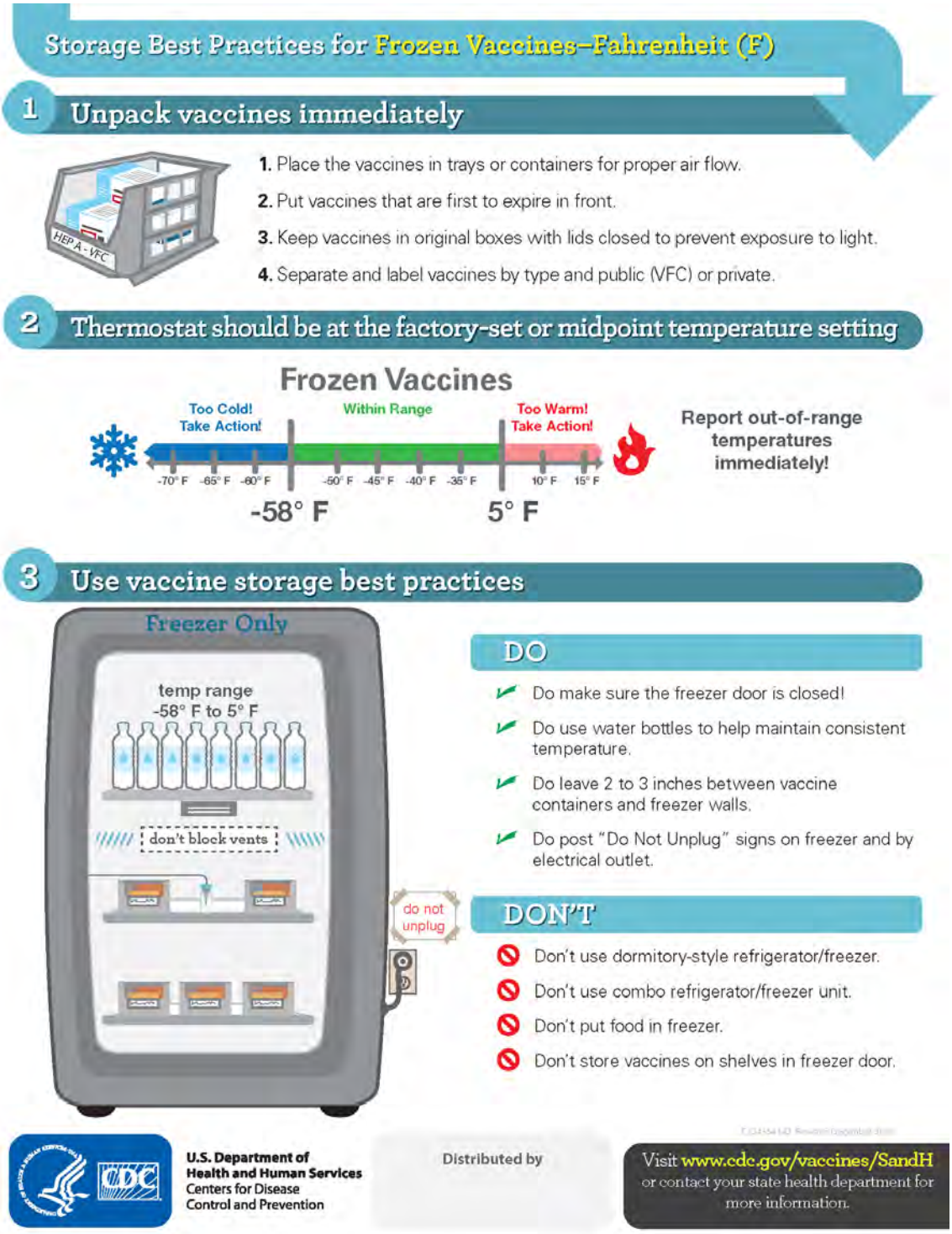
A. Power outage
B. The thermometer is broken
C. Staff doesn't shut the refrigerator door
D. The refrigerator thermostat is not working properly

5 **Refrigerated vaccines should be stored between ____° F and ____° F, but the ideal temperature is ____° F.**

1. There are 9 things wrong with this picture. Vaccines are too close to the vent. There is no "Do Not Unplug" sign. There is no thermometer. Some of the vaccines are not in bins. Bins are placed on the top shelf. Food and beverages are in the refrigerator. Crisper bins have not been replaced with water bottles. Vaccine is stored in crisper bins and on door shelves. There are no water bottles in the door racks.
2. D—There are many important reasons to ensure the firs-to-expire vaccines are stored in the front!
3. False—Water bottles are intended to help maintain proper temperature. When you replace them, it takes time for them to get to the right temperature, so they are not doing their job.
4. C—Believe it or not, staff not shutting the refrigerator door is one of the most common reasons a refrigerator is out of temperature range!
5. Refrigerated vaccines should be stored between 36° F and 46° F, but the ideal temperature is 40° F.

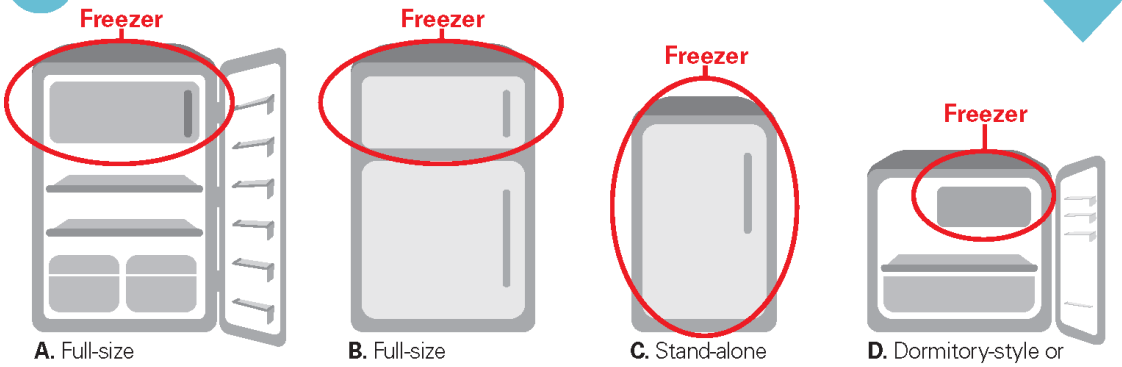
Appendix F. Vaccine Storage Best Practices – Freezer

To download, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Vaccine Storage Best Practices - freezer"



Test Your Knowledge

1 **Which of the following units is the best for storing frozen vaccines?**



A. Full-size refrigerator/freezer (1 outside door/freezer is part of refrigerator)

B. Full-size refrigerator/freezer (2 outside doors, separate compartments)

C. Stand-alone freezer only unit

D. Dormitory-style or mini refrigerator (1 outside door/freezer is part of refrigerator)

2 **Circle the TRUE statements:**

A. It is okay to remove vaccines from the original boxes as long as they are stored in the freezer.

B. Water bottles in the freezer are important to help maintain consistent temperature.

C. You can "eye test" frozen vaccines—if they look frozen, they are okay.

D. Leave 2 to 3 inches between vaccine containers and freezer walls.

3 **Circle the vaccines that MUST be stored in the freezer:**

A. Varicella vaccine

B. MMR vaccine

C. MMRV vaccine

D. Recombinant zoster vaccine

4 **One of the most common reasons that freezers are out of temperature range is:**

A. Staff doesn't shut the freezer door

B. Power outage

C. The freezer thermostat is not working properly

D. The thermometer is broken

5 **Frozen vaccines should be stored between _____° F and _____° F.**

1. C—A stand-alone freezer is the best unit for storing frozen vaccines. NO vaccines—refrigerated or frozen—should ever be stored in a dormitory-style unit (D).

2. B and D are true statements. All vaccines should stay in their original boxes; proper temperature monitoring is very important and cannot be done by eye.

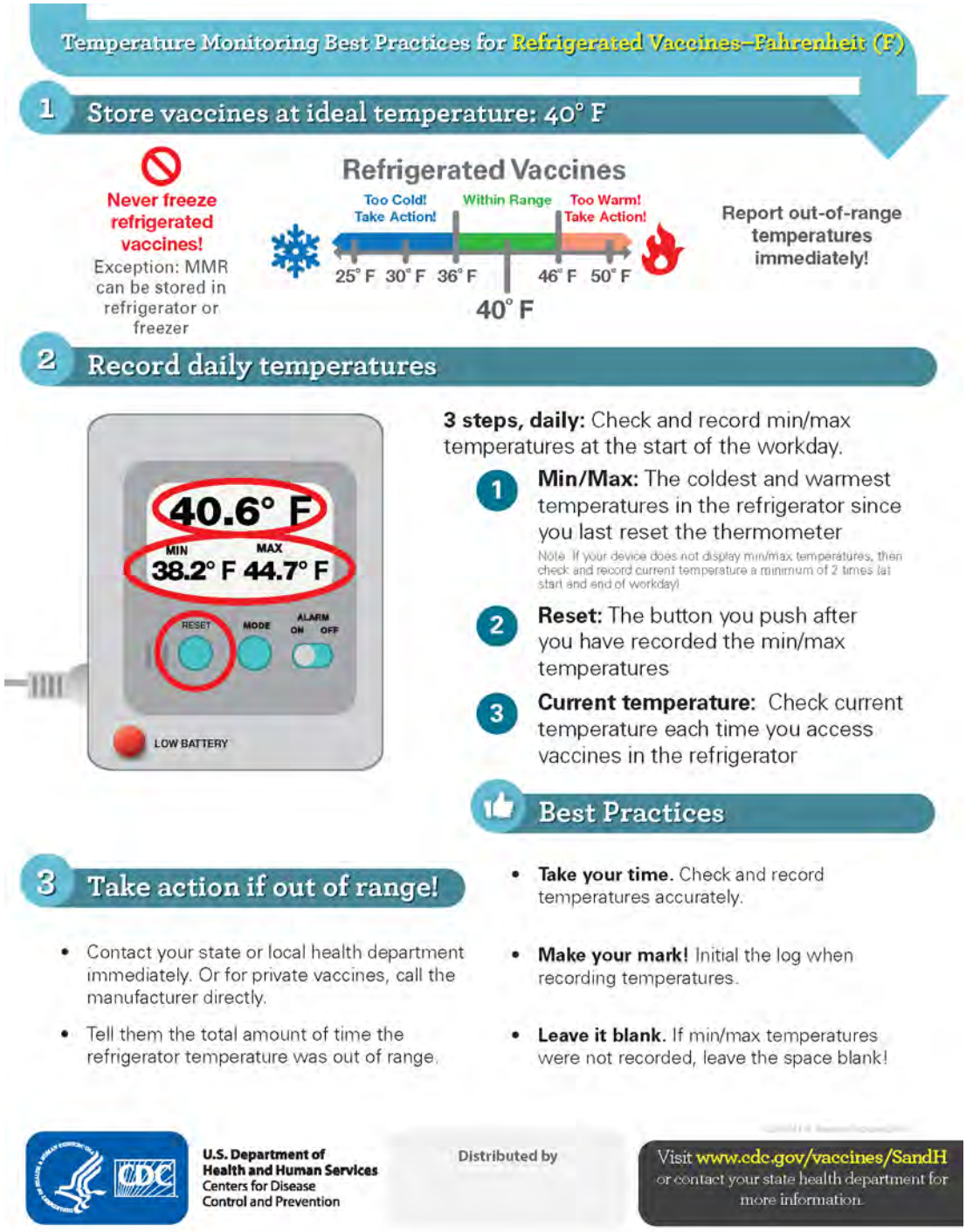
3. Varicella vaccine (A) and MMRV vaccine (C) MUST be stored in the freezer. MMR vaccine (B) can be stored in the refrigerator or freezer. Recombinant zoster vaccine (D) MUST be stored in the refrigerator.

4. A—Believe it or not, staff not shutting the freezer door is one of the most common reasons a freezer is out of temperature range!

5. Frozen vaccines should be stored between -58° F and 5° F.

Appendix G. Vaccine Temperature Monitoring Best Practices – Refrigerated Vaccines

To download, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Vaccine Temperature Monitoring Best Practices - fridge"



Test Your Knowledge

Review the temperature readings below and select the correct answer.

1

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

2

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

3

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

4

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

5

"Take action" means (circle any that apply):

A. Remove all vaccines that are out of range and discard them.

B. Call the state/local VFC program (or manufacturer for private vaccines) for guidance.

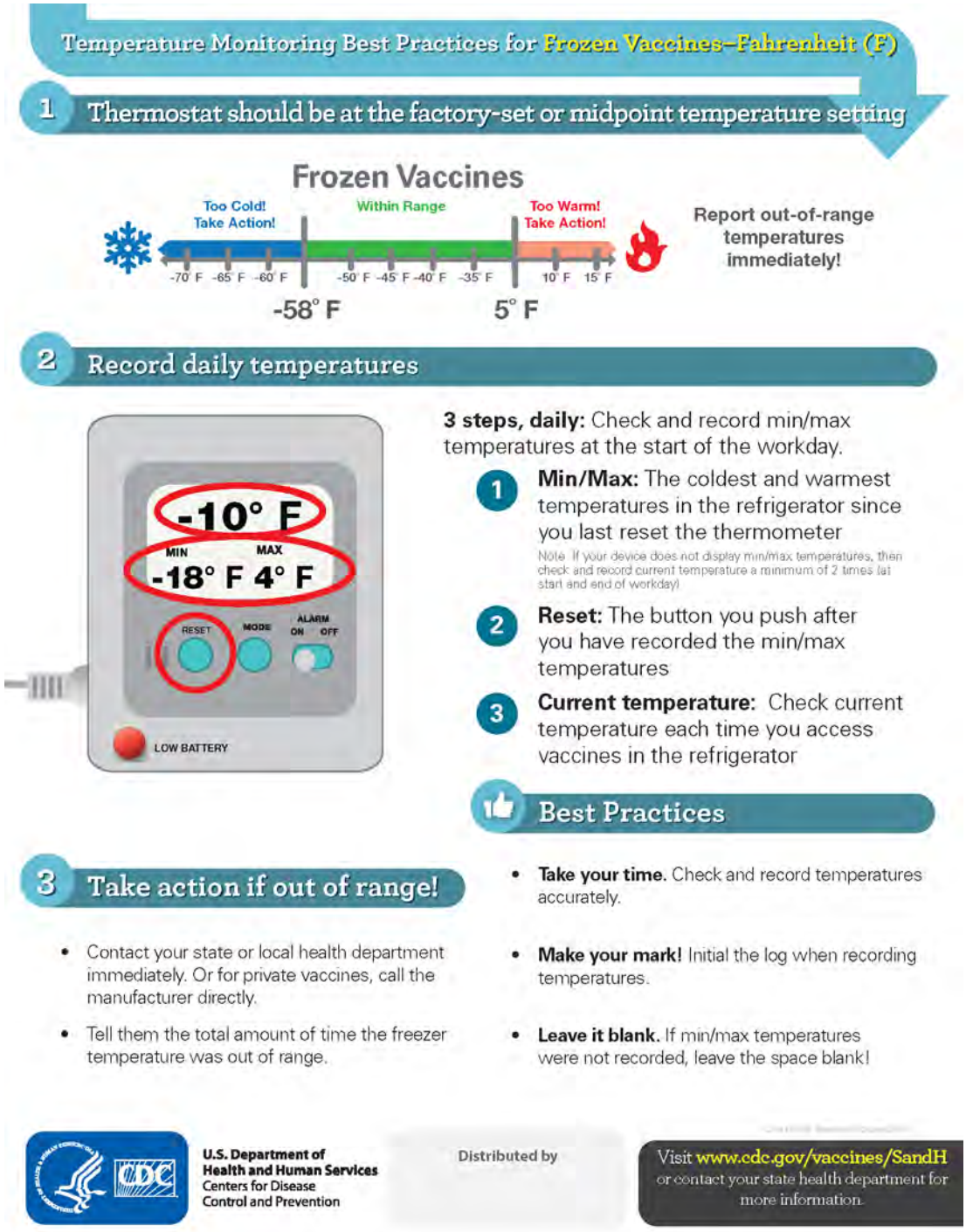
C. Notify the practice's vaccine coordinator to get the refrigerator temperature back in range.

D. Thaw any vaccines that were frozen for 45 minutes.

Answers: 1-B, 2-A, 3-D, 4-B, 5-B and C

Appendix H. Vaccine Temperature Monitoring Best Practices – Frozen Vaccines

To download, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Vaccine Temperature Monitoring Best Practices - freezer"



Test Your Knowledge

Review the temperature readings below and select the correct answer.

1

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

2

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

3

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

4

A. Current temp and min/max are within range—no action necessary

B. Current temp is within range, min/max out of range—take action

C. Current temp is within range, min/max out of range—no action necessary

D. Current temp and min/max are out of range—take action

5

"Take action" means (circle any that apply)

A. Call the state/local VFC program (or manufacturer for private vaccines) for guidance.

B. Notify the practice's vaccine coordinator to get the freezer temperature back in range.

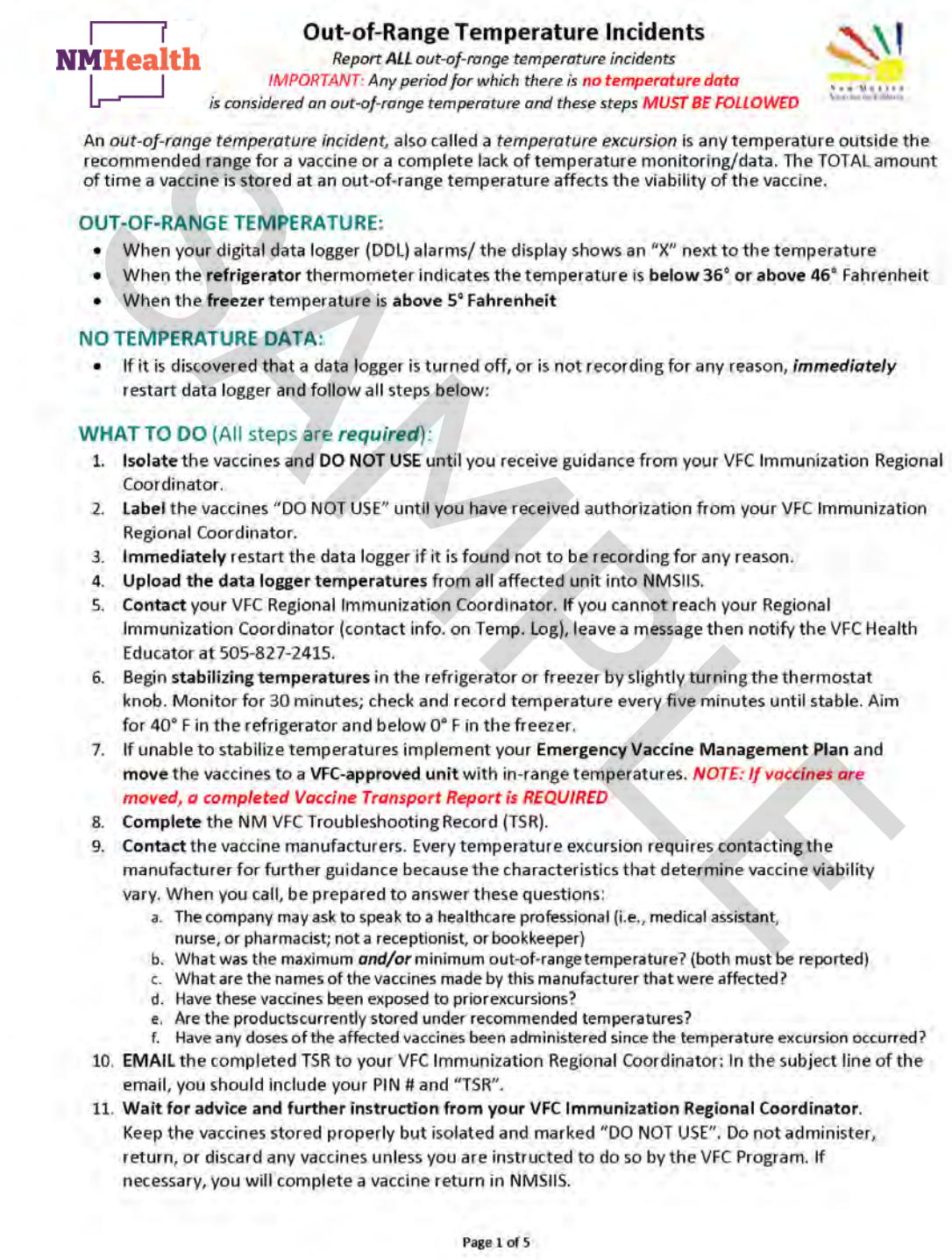
C. Remove all vaccines that are out of range and discard them.

D. Discard any vaccine that does not look frozen.

Answers: 1-A, 2-D, 3-A, 4-B, 5-A and B

Appendix I. Troubleshooting Record Template

To download the most current forms, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Troubleshooting Record Form"



NMHealth

Out-of-Range Temperature Incidents

*Report **ALL** out-of-range temperature incidents*
*IMPORTANT: Any period for which there is **no temperature data** is considered an out-of-range temperature and these steps **MUST BE FOLLOWED***

An *out-of-range temperature incident*, also called a *temperature excursion* is any temperature outside the recommended range for a vaccine or a complete lack of temperature monitoring/data. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

OUT-OF-RANGE TEMPERATURE:

- When your digital data logger (DDL) alarms/ the display shows an "X" next to the temperature
- When the **refrigerator** thermometer indicates the temperature is **below 36° or above 46°** Fahrenheit
- When the **freezer** temperature is **above 5° Fahrenheit**

NO TEMPERATURE DATA:

- If it is discovered that a data logger is turned off, or is not recording for any reason, ***immediately*** restart data logger and follow all steps below:

WHAT TO DO (All steps are ***required***):

1. **Isolate** the vaccines and **DO NOT USE** until you receive guidance from your VFC Immunization Regional Coordinator.
2. **Label** the vaccines "DO NOT USE" until you have received authorization from your VFC Immunization Regional Coordinator.
3. **Immediately** restart the data logger if it is found not to be recording for any reason.
4. **Upload the data logger temperatures** from all affected unit into NMSIIS.
5. **Contact** your VFC Regional Immunization Coordinator. If you cannot reach your Regional Immunization Coordinator (contact info. on Temp. Log), leave a message then notify the VFC Health Educator at 505-827-2415.
6. Begin **stabilizing temperatures** in the refrigerator or freezer by slightly turning the thermostat knob. Monitor for 30 minutes; check and record temperature every five minutes until stable. Aim for 40° F in the refrigerator and below 0° F in the freezer.
7. If unable to stabilize temperatures implement your **Emergency Vaccine Management Plan** and **move** the vaccines to a **VFC-approved unit** with in-range temperatures. ***NOTE: If vaccines are moved, a completed Vaccine Transport Report is REQUIRED***
8. **Complete** the NM VFC Troubleshooting Record (TSR).
9. **Contact** the vaccine manufacturers. Every temperature excursion requires contacting the manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
   a. The company may ask to speak to a healthcare professional (i.e., medical assistant, nurse, or pharmacist; not a receptionist, or bookkeeper)
   b. What was the maximum ***and/or*** minimum out-of-range temperature? (both must be reported)
   c. What are the names of the vaccines made by this manufacturer that were affected?
   d. Have these vaccines been exposed to prior excursions?
   e. Are the products currently stored under recommended temperatures?
   f. Have any doses of the affected vaccines been administered since the temperature excursion occurred?
10. **EMAIL** the completed TSR to your VFC Immunization Regional Coordinator: In the subject line of the email, you should include your PIN # and "TSR".
11. **Wait for advice and further instruction from your VFC Immunization Regional Coordinator.** Keep the vaccines stored properly but isolated and marked "DO NOT USE". Do not administer, return, or discard any vaccines unless you are instructed to do so by the VFC Program. If necessary, you will complete a vaccine return in NMSIIS.

Page 1 of 5

NM VFC Troubleshooting Record

Printing this form to complete it is ***not*** recommended.
Click on "Enable Editing" then use the ***Tab*** key to move between fields and enter your typed information.

Follow all steps listed under "What To Do" on previous page to ensure the safety of all vaccines. Incomplete Troubleshooting Records will be rejected.
DO NOT administer, discard, or return any vaccines until instructed to do so by your VFC Immunization Regional Coordinator.

Date Submitted:

Provider Information

VFC Site Name: VFC PIN#:

TSR prepared by: Email address:

Site's Primary Vaccine Coordinator:

Event Details (ALL ARE REQUIRED)

Date or date range of event:

Time or timespan of event:

Description and cause: provide a **detailed** description of the incident, ***including the cause*** *(door left ajar, power outage, etc.)*:

Refrigerator:	*Freezer:*	*Ultra-low Transport/storage:*
☐ Event involved refrigerator	☐ Event involved freezer	☐ Event involved ultra-low transport
*Min. Temp:	*Min. Temp:	*Min. Temp:
*Max. Temp:	*Max. Temp:	*Max. Temp:
*No Temperature Data recorded ☐	*No Temperature Data recorded ☐	*No Temperature Data recorded ☐

*From data logger files

1. **Complete the second page of the *Troubleshooting Record***
2. **Obtain and *attach written advice* from all manufacturers**
3. **Locate the .pdf version of the temperature log/s from data logger/s involved in the event**
4. ***Email this document, the manufacturer's WRITTEN advice, and your temp logs to your VFC Immunization Regional Coordinator***

NM VFC Troubleshooting Record

Please print and attach your on-hand inventory from NMSIIS.

GlaxoSmithKline 866-475-8222

Manufacturer Representative: **Date/Time:** ***Case #***

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Bexsero			☐ OK to Use / ☐ Do NOT Use
Boostrix			☐ OK to Use / ☐ Do NOT Use
Engerix-B			☐ OK to Use / ☐ Do NOT Use
Flulaval			☐ OK to Use / ☐ Do NOT Use
Havrix			☐ OK to Use / ☐ Do NOT Use
Infanrix			☐ OK to Use / ☐ Do NOT Use
Kinrix			☐ OK to Use / ☐ Do NOT Use
Menveo			☐ OK to Use / ☐ Do NOT Use
Pediarix			☐ OK to Use / ☐ Do NOT Use
Rotarix			☐ OK to Use / ☐ Do NOT Use

AstraZeneca 800-236-9933

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine	# of Doses	Advice Given	Manufacturer's response**
Flumist			☐ OK to Use / ☐ Do NOT Use

Grifols 888-474-3657

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine	# of Doses	Advice Given	Manufacturer's response**
Td Vaccine			☐ OK to Use / ☐ Do NOT Use

Pfizer 800-358-7443

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Prevnar 20			☐ OK to Use / ☐ Do NOT Use
Trumenba			☐ OK to Use / ☐ Do NOT Use

Sanofi Pasteur 800-822-2463

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
ActHib			☐ OK to Use / ☐ Do NOT Use
Beyfortus			☐ OK to Use / ☐ Do NOT Use
Fluzone Syringe			☐ OK to Use / ☐ Do NOT Use
MDV IPOL **(Punctured)** Return in NMSIIS (Do Not physically return to manufacture)			☐ OK to Use / ☐ Do NOT Use
MDV IPOL **(Unpunctured Full Vial)**			☐ OK to Use / ☐ Do NOT Use
MenQuadfi			☐ OK to Use / ☐ Do NOT Use
Pentacel			☐ OK to Use / ☐ Do NOT Use
Tenivac			☐ OK to Use / ☐ Do NOT Use

Merck 800-672-6372

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Gardasil9			☐ OK to Use / ☐ Do NOT Use
MMR-II			☐ OK to Use / ☐ Do NOT Use
Pneumovax 23			☐ OK to Use / ☐ Do NOT Use
PedvaxHIB			☐ OK to Use / ☐ Do NOT Use
Proquad			☐ OK to Use / ☐ Do NOT Use
Recombivax			☐ OK to Use / ☐ Do NOT Use
Rotateq			☐ OK to Use / ☐ Do NOT Use
Vaqta			☐ OK to Use / ☐ Do NOT Use
Varivax			☐ OK to Use / ☐ Do NOT Use
Vaxelis			☐ OK to Use / ☐ Do NOT Use
Vaxneuvance-PCV15			☐ OK to Use / ☐ Do NOT Use

NMHealth **NM VFC COVID-19 Troubleshooting Record**

Please print and attach your on-hand inventory from NMSIIS.

Pfizer 800-438-1985 or www.PfizerMedInfo.com

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Covid-19 **(3 dose vial)** 6 mos.- 4yrs.			☐ OK to Use / ☐ Do NOT Use
Covid-19 5 yrs.- 11 yrs.			☐ OK to Use / ☐ Do NOT Use
Covid-19 **(Comirnaty)** 12 yrs.- 18 yrs.			☐ OK to Use / ☐ Do NOT Use

Moderna 866-663-3762 or www.ModernamedInfo.com

Manufacturer Representative: **Date/Time:** **Case #**

Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Covid-19 6 mos.-11 yrs.			☐ OK to Use / ☐ Do NOT Use
Covid-19 **(Spikevax)** 12 yrs. -18 yrs.			☐ OK to Use / ☐ Do NOT Use

DO NOT administer, discard, or return any vaccines until instructed to do so by your VFC Immunization Regional Coordinator.

Appendix J. CHILe Training How to Guide

To download this guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC CHILe Training How To Guide"

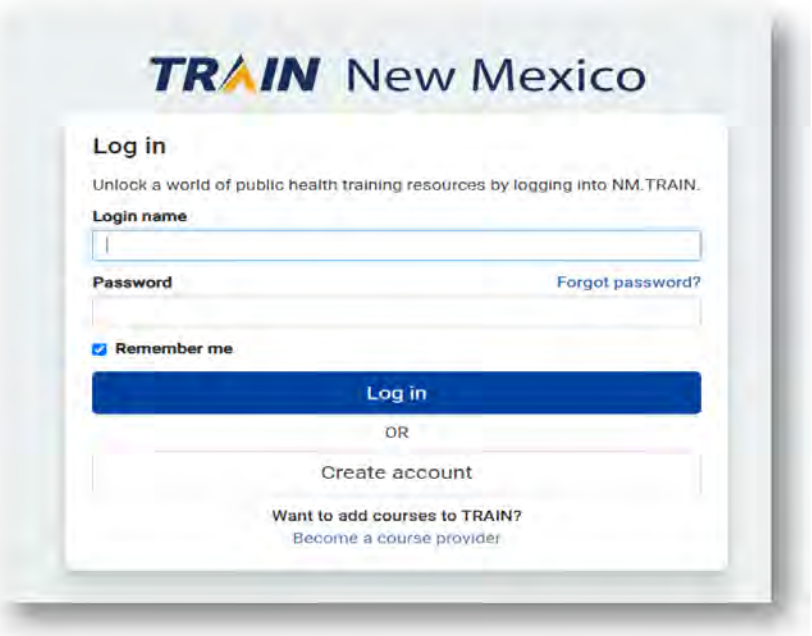
To access NM TRAIN, click here.
To access the NM Vaccines for Children CHILe Training Course, click here.

CHILe Training How to Guide

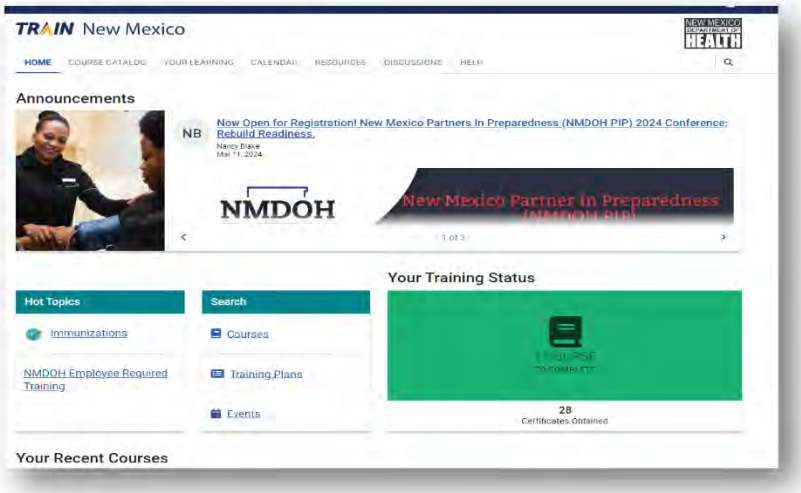
- Start by clicking on the link for Train New Mexico.

  https://www.train.org/nm/course/1111575/details

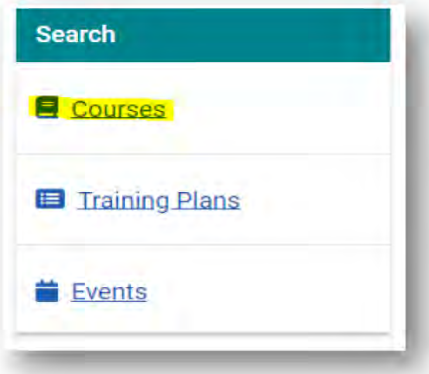
- Next you will be prompted to log into Train New Mexico. If you are a new user to Train New Mexico, you will need to create an account prior to going to the CHIL-e Course.



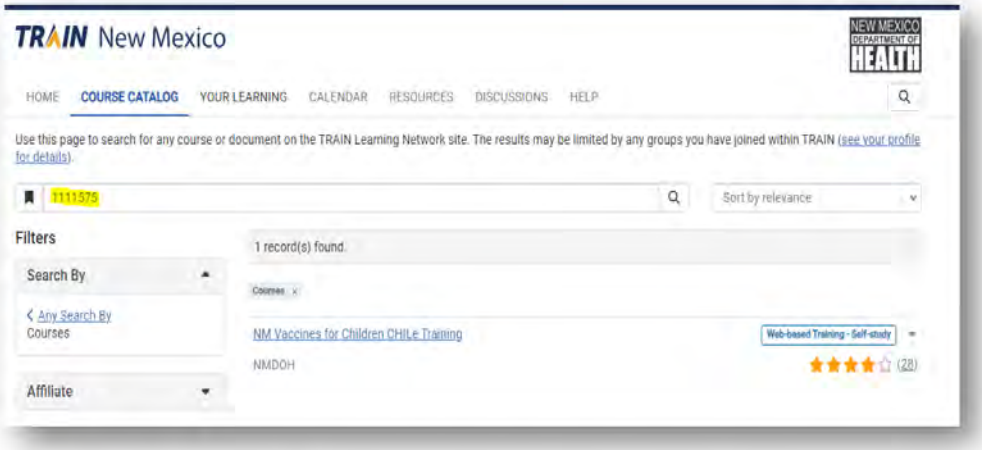
- Once you have obtained access to Train New Mexico, you will be taken to your Home page on the Train NM website. Please note that the Training status will be specific to your own trainings that you have completed through the NM Train website.



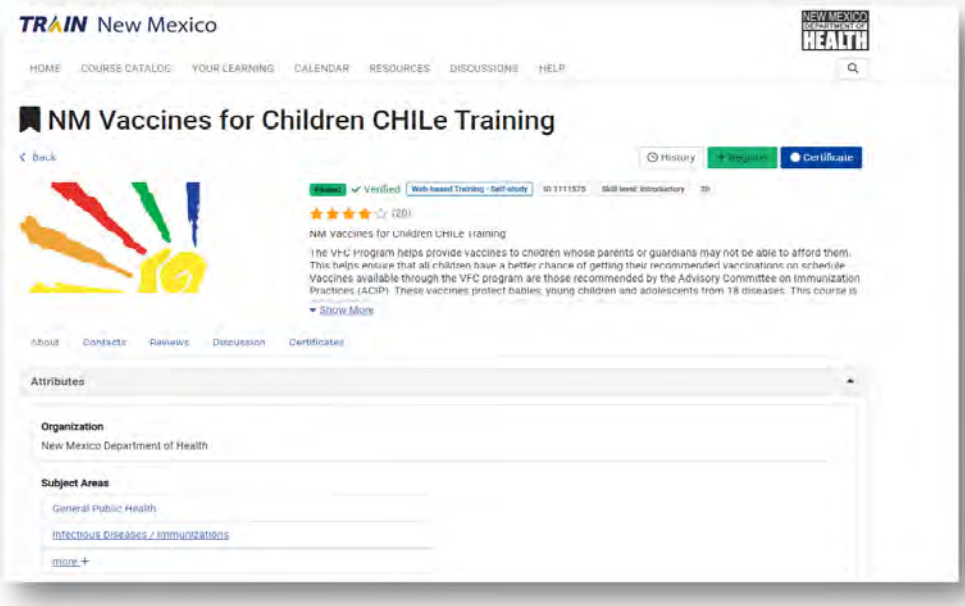
- To search for the CHIL-e training you may click on Courses in the Search box.



- Next type into the Search box ID **1111575.** Now you will see the NM Vaccine for Children CHILe Training appear on your screen. Click on the NM Vaccines for Children CHILe Training course.



- Next you will need to Register to take the online CHILe Course by clicking **Register**.



- A pop-up will now appear asking if you are interested in earning Credits. Please note: Only Nurses needing CE credits will need to click on **Interested**. All other users will need to click on **Not interested**. Then click on **Next** to proceed.

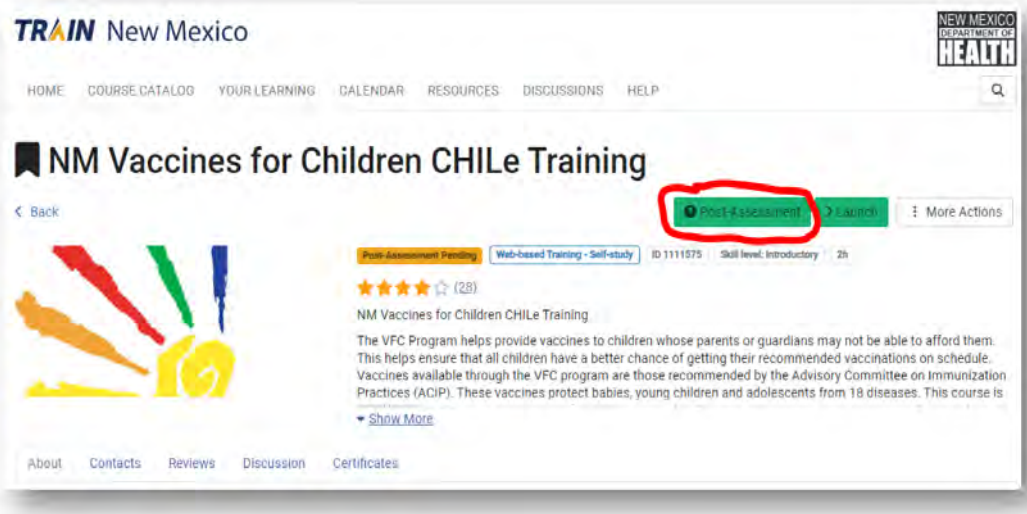
- You will then receive another pop-up confirming your selection if you accidentally click on Interested. This will be where you can click on **Back** to click on Not interested. Otherwise, you can click on **Register** to proceed.

- Now that you have Registered for the Course you can Click on **Launch** to take you into the CHILe Course.

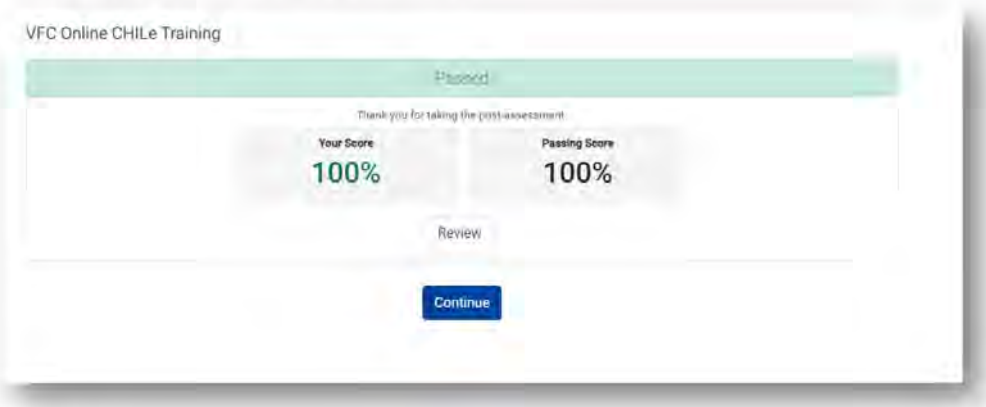
- Click on the play icon for the course to begin. Please note: If you need to exit out of the course at any time, the course will save where you left off and you will be able to pick up on the last screen you last stopped at.

- At the End of the course you will need to click on the **QUIT** button at the top of the right hand corner of the screen.

- Now that you have completed the course you will need to complete the Post-Assessment. Click on **Post-Assessment** to take the Examination and Evaluation. Please note: All users must pass the Examination with 100% and complete the Evaluation in order to receive a CHILe certificate.



- Once you have passed the CHILe training with 100% click on the **Continue** button to proceed to the Evaluation.



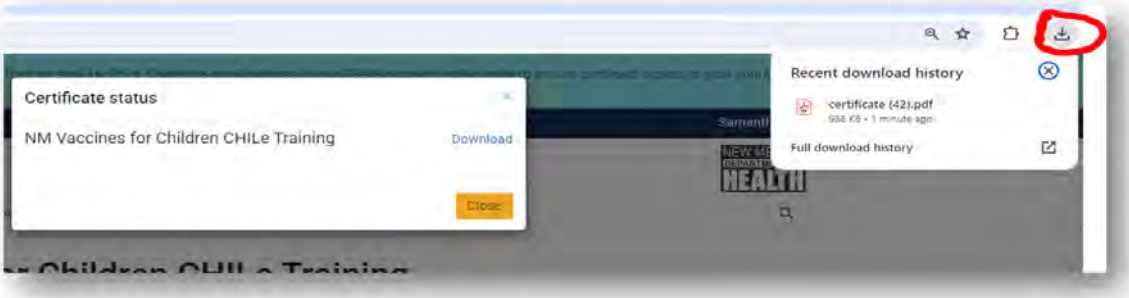
- Click on **Start** to proceed to the Evaluation.

- Once you have completed the Evaluation click on the **Close** button at the top right-hand corner of the screen.

- Click on **Certificate** to retrieve your CHILe Certificate.

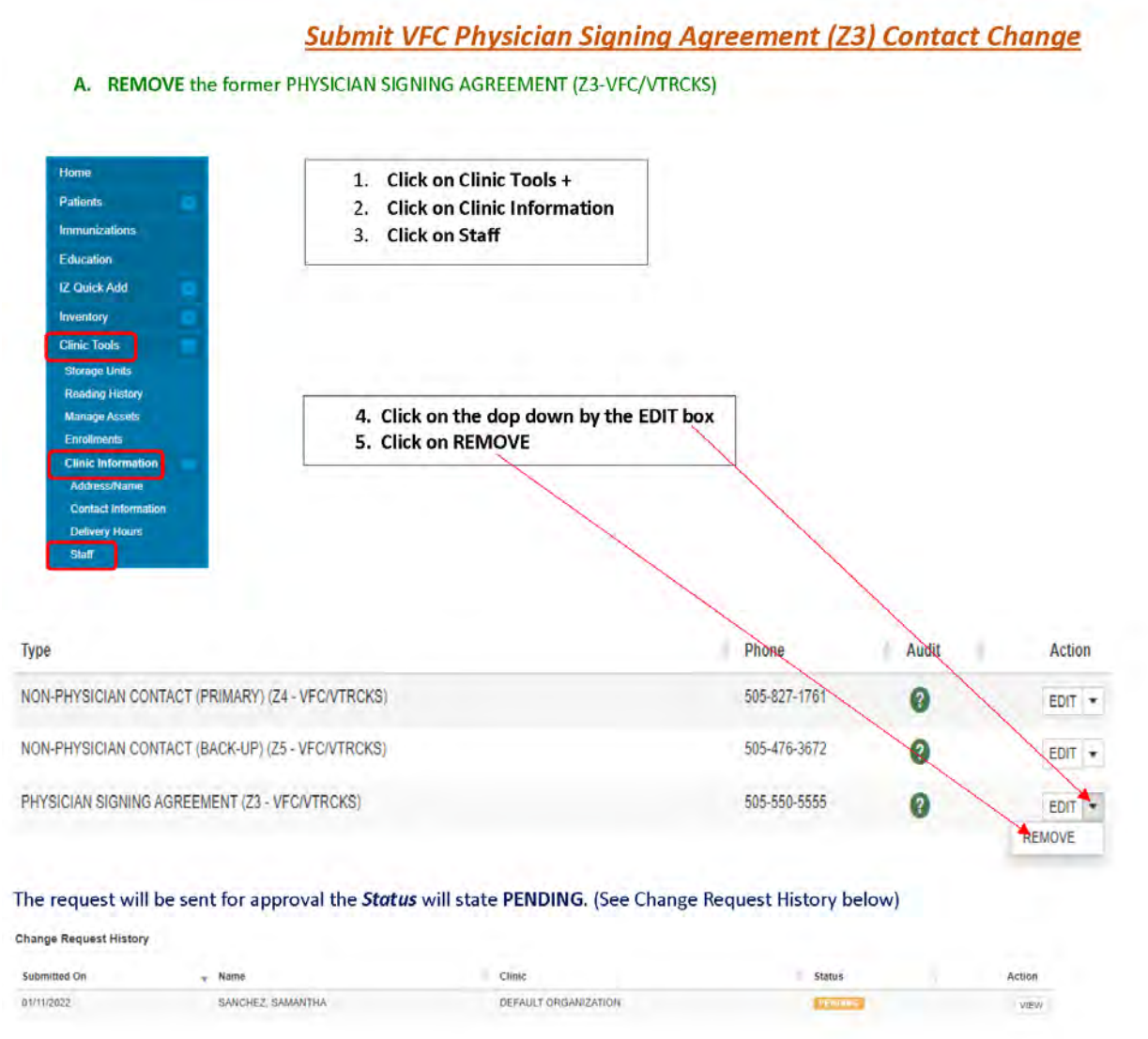
- A pop-up will appear as shown below. Then click on **Download**.

- On the top Right-hand corner of your screen, you will see the download dropdown pop-up with your Certificate. Please note: All certificates received in Train will automatically save on your Home page of the Train website, please send a copy of you CHILe training Certificate to your Regional Coordinator.



Appendix K. PSA Change of Contact Instructions

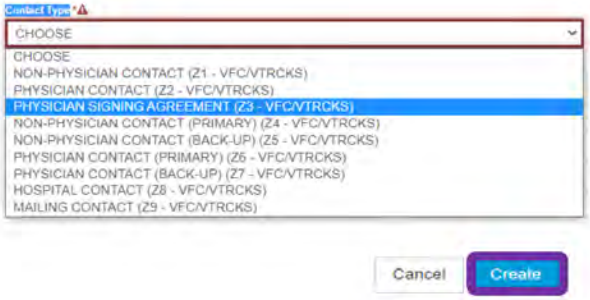
To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “VFC Physician Signing Agreement Change of Contact Instructions 8/22”

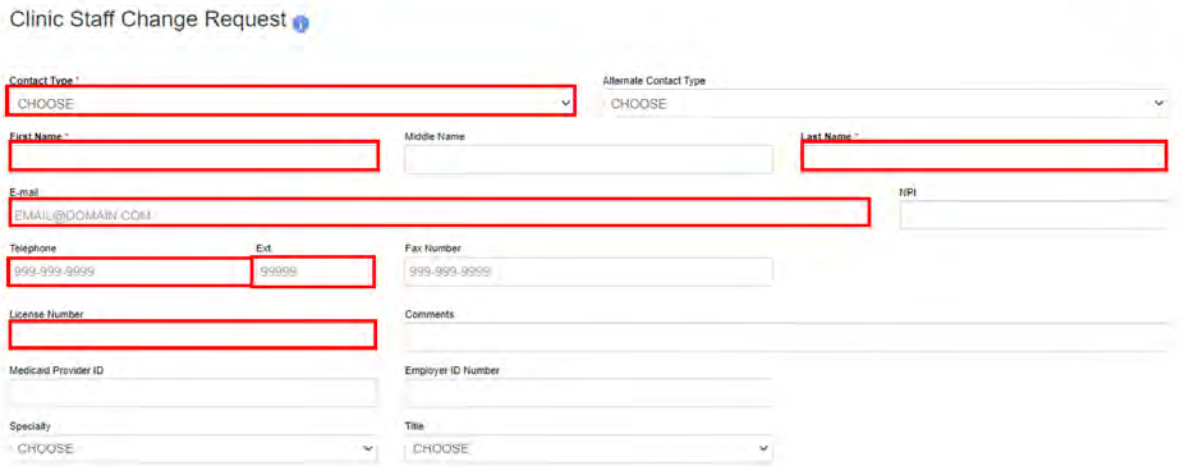


B. ADD NEW PHYSICIAN SIGNING AGREEMENT (Z3VFC/VTRCKS)

Click on Add New Contact

1. ***Contact Type*** -using drop down select **PHYSICIAN SIGNING AGREEMENT (Z3 VFC/VTRCKS)**
2. Complete the **RED** highlighted boxes. **(Email address and License Number must be entered)**
3. Click ***Create***





Once change is created the request will be reviewed for approval. The VFC Provider Agreement and VFC Provider Addendum will be emailed to the facility Primary Coordinator and Back-Up for the new PSA to sign.

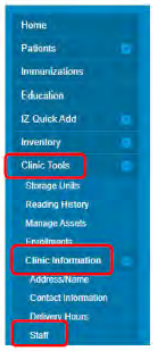
Please updated these changes on the Routine Management Plan and Emergency Management Plan for your facility.

Appendix L. Provider Staff Change of Contact Instructions

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “VFC Provider Staff Change of Contact and Training Documents 8/22”

Submit A VFC Primary and Back-Up Change of Contact and Uploading Training Documents

A. REMOVE the former NON-PHYSICIAN CONTACT (PRIMARY) (Z4- VFC/VTRCKS) or NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS)



1. **Click on Clinic Tools +**
2. **Click on Clinic Information +**
3. **Click on Staff**

4. **Click on the drop down by the EDIT**
5. **Click on REMOVE**

Name	Type	Phone	Audit	Action
CISNEROS, ELIZABETH	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	315-679-7727		
CISNEROS, ELIZABETH	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	315-679-7727		EDIT / REMOVE
MARTINEZ, FELICIA	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)			
TEST, ELIZABETH	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)			EDIT

The request will be sent for approval the ***Status*** will state **PENDING**. (See Change Request History below) ***Please allow 3-5 business days for approval.***

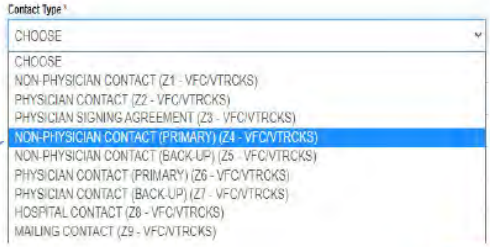
Change Request History

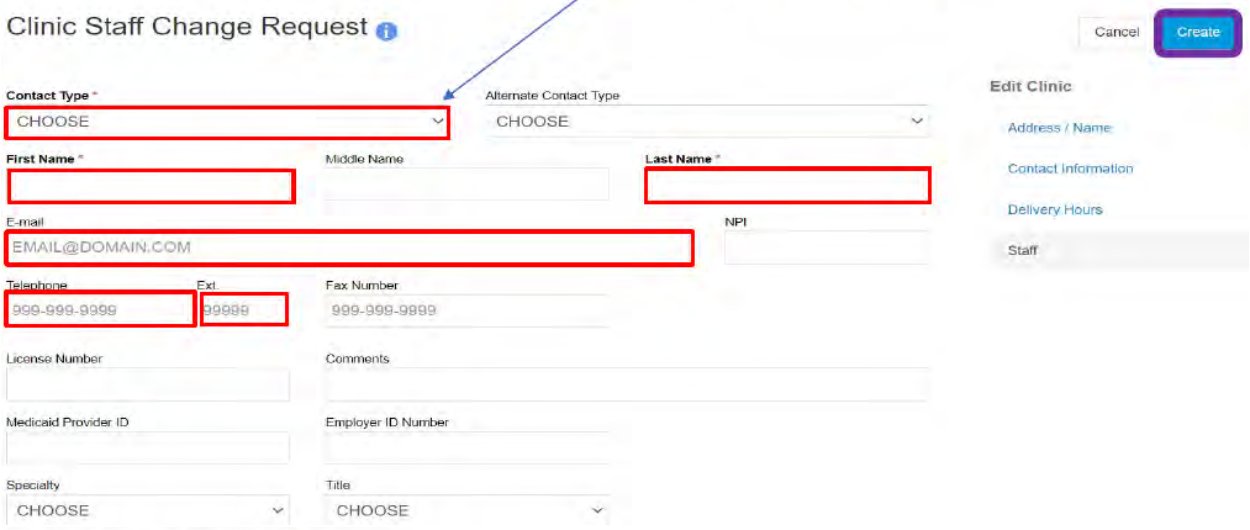
Submitted On	Name	Clinic	Status	Action
03/11/2021	CISNEROS, ELIZABETH	DR POISON IVY	PENDING	VIEW

B. ADD NEW NON-PHYSICIAN CONTACT (PRIMARY) (Z4-VFC/VTRCKS)

Click on Add New Contact

1. ***Contact Type*** – using drop down select **NON-PHYSICIAN CONTACT (PRIMARY) (Z4-VFC/VTRCKS)**
2. **Complete the RED Highlighted boxes. (Email address must be entered)**
3. **Click *Create***



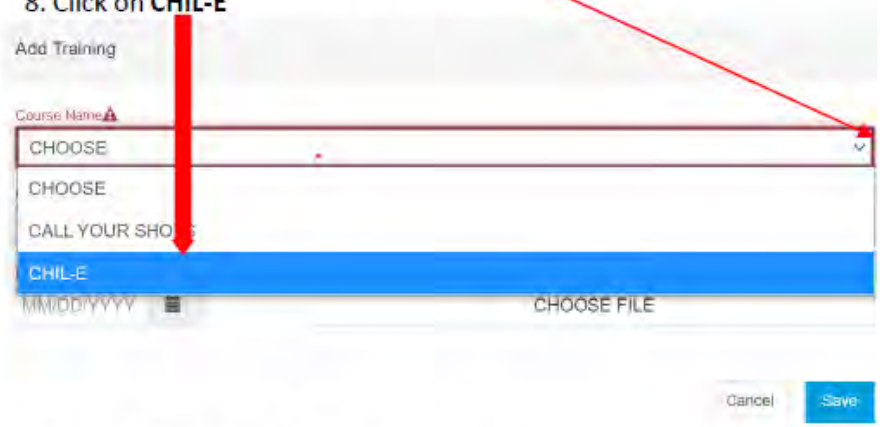


5. Scroll down to **Training Section**

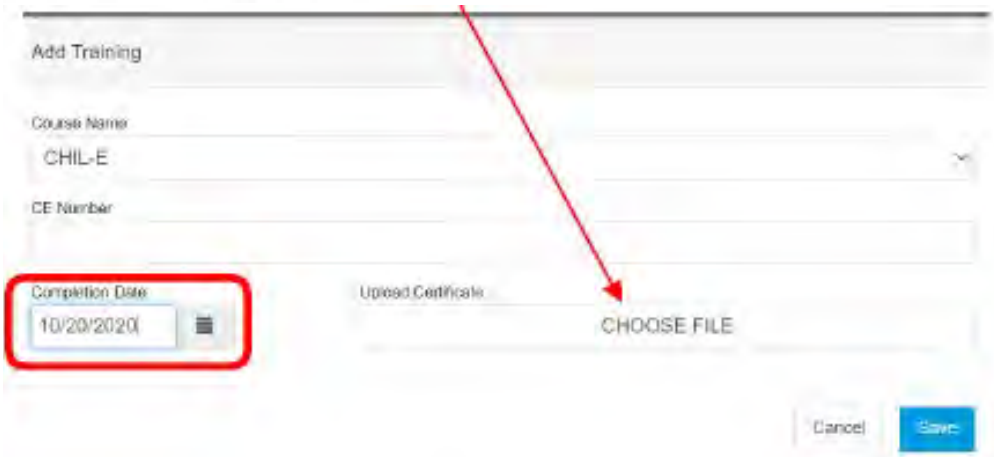
6. Click on ***Add Trainings***

The Add Training Box will pop up

7. On ***Course Name*** click on the drop down
8. Click on **CHIL-E**

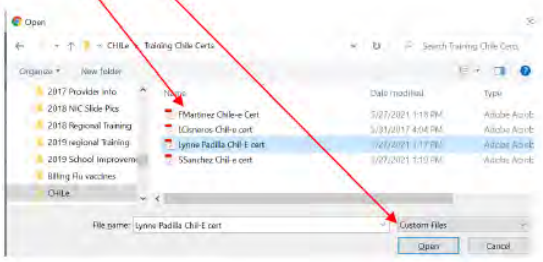


9. Enter ***Completion Date*** on Chil-e Certificate
10. Click on **CHOOSE FILE**



This will prompt you to your files

11. Locate and click on file
12. Click on **Open**

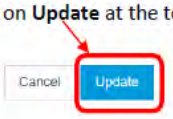


The selected Chil-e certificate will be populate on the file name.

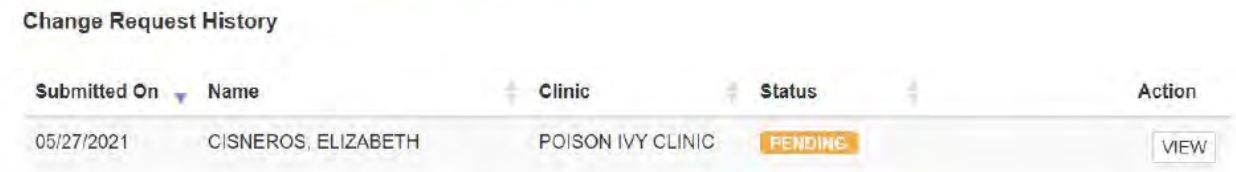
13. Click **Save**

The certificate will populate on the Training Section

14. Click on **Update** at the top of the page.



The Change will be PENDING under the Change Request History



Note: This process may take up to 4 to 5 business days to be approved.

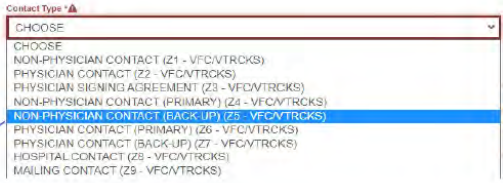
Please updated these changes on the Routine Management Plan and Emergency Management Plan for your facility.

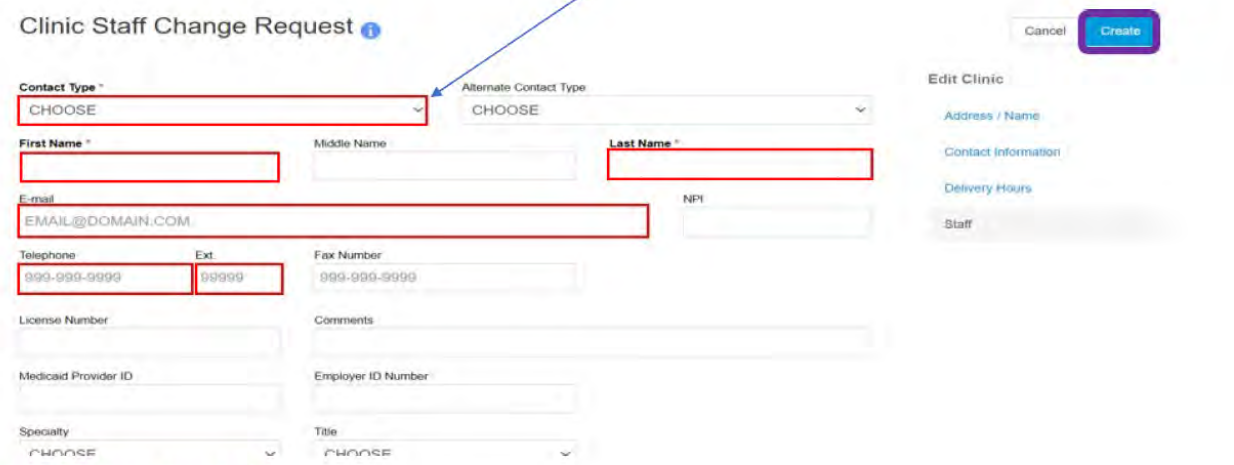
C.* ADD NEW NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS*)

First, *REMOVE* the former NON-PHYSCIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS) using **STEP A**

Click on Add New Contact

1. Contact Type using drop down select **NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS)**
2. Complete the remaining RED highlighted boxes
(Email Address must be completed)
3.*Click *Create





Complete Steps 5 through 14.

The Change will be PENDING under the Change Request History

Change Request History

Submitted On	Name	Clinic	Status	Action
05/27/2021	CISNEROS, ELIZABETH	POISON IVY CLINIC	PENDING	VIEW

Appendix M. VFC Transfer and Office Closure Instruction Guide

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Transfer and Office Closure Instruction Guide"

VFC Transfer & Office Closure Instruction Guide

All forms must be filled out Electronically and have Digital Signatures.

Request For Temporary Vaccine Transfer & Storage Or Office closure:

This form must be sent to your Regional Coordinator if your Clinic is planning on a closure of 4 or more consecutive days, one week prior to your office closing. Pending on the type of closure you will need to check the box next to the closure that will apply to your facility.

- 1st option listed is facilities planning on a Temporary Vaccine Transfer and storage ranging 4-13 consecutive days. A couple of examples would be a scheduled power outage, Spring break etc. Note: Any holiday office closures that have 4 consecutive ***business*** days, not to include weekends, **do not** need to transfer VFC vaccines.
- 2nd option listed is Office Closures ranging 14 or more consecutive days. A couple of examples for this type of closure would be School closures for summer break, Natural disasters, Office remodels etc.

This form must be received and Approved by the VFC Health Educator prior to transporting the VFC vaccines.

Temporary Vaccine Transfer and Storage Monitoring Plan:

After receiving the Approval of Request for A Temporary Vaccine Transfer and Storage from the VFC program. This Temporary Vaccine Transfer and Storage Monitoring Plan will need to be completed, which again is for facilities closing 4-13 consecutive days. Complete NM VFC Refrigerated Vaccine Transport log form, during transfer. Note: Any holiday office closures that have 4 consecutive ***business*** days, not to include weekends, **do not** need to transfer VFC vaccines. An example if your facility does not need to transfer VFC vaccines, if your facility is closed Wednesday, Thursday and Friday and re-opens Monday then your facility will **not** need to submit this paperwork and will **not** need to transfer VFC vaccines. An example of a Facility needing to transfer VFC vaccines, is if your Facility is closed Tuesday, Wednesday, Thursday, and Friday then your facility **must** submit this paperwork and transfer out VFC vaccines.

Reminder: Examples of this type of closure includes school breaks (i.e., Spring break etc.) scheduled power outages, Scheduled maintenance on building, etc.

- The 1st section required is basic information about the clinic transferring their vaccines.
- The 2nd section to complete is the name of the VFC site and persons, who will be holding and monitoring your VFC vaccines while your clinic is closed.
- The 3rd section is Pre-Closure tasks required by the VFC program and Pre- Closure tasks recommended. In the Pre-Closure section, the person completing each task will be required to check mark and sign and date that all tasks have been completed.
- The last page is a paper temperature Checklist. This checklist will need to be emailed to the VFC site who will be monitoring your VFC Vaccines, then emailed and completed electronically with the dates and data back to you when vaccines are back at your facility.

- The last section will be signatures from the facility who transferred their vaccines.
- This form must also be filled out electronically and have digital signatures from either the Primary Vaccine Coordinator or the Back-Up Vaccine Coordinator.
- Once all data is completed forms must be sent to your Regional Coordinator for Signature and form must be sent to VFC Health Educator for signature Completion.

Office Closure Monitoring Plan:

Once the Request for Office Closure has been approved. The facility will then need to complete an Office Closure Monitoring Plan Form which is for facilities closing 14 consecutive days or more. Complete NM VFC Refrigerated Vaccine Transport log form, during transfer. Examples: School closures for Summer break, Natural Disasters, Office remodels, etc.

- The 1st section required is basic information about the clinic transferring their vaccines.
- The 2nd section to complete is the name of the VFC site and persons, who will be holding and monitoring your VFC vaccines while your clinic is closed.
- The 3rd section is Pre-Closure tasks required by the VFC program and Pre- Closure tasks recommended. In the Pre-Closure section, the person completing each task will be required to check mark and sign and date that all tasks have been completed.
- The last 2 pages is a paper temperature Checklist. This checklist will need to be emailed to the VFC site who will be monitoring your VFC Vaccines, then emailed and completed electronically with the dates and data back to you when vaccines are back at your facility.
- The last section will be signatures from the facility who transferred their vaccines.
- This form must also be filled out electronically and have digital signatures from either the Primary Vaccine Coordinator or the Back-Up Vaccine Coordinator.
- Once all data is completed forms must be sent to your Regional Coordinator for signature and form must be sent to VFC Health Educator for signature Completion.

Return Closure Monitoring Plan:

Along with all other documentation required for closures. The Return Office Closure Monitoring plan form must be completed electronically, along with all pre-opening tasks to be check marked with a digital signature of the person completing each task and date of when the task was completed. The check list consists of,

- ✓ Notify your Regional VFC Immunization Coordinator prior to return of vaccines.
- ✓ Enter the Transfer returning transaction in NMSIIS
- ✓ Complete the NM VFC Refrigerated Vaccine Transport Log, during return transfer.
- ✓ Email the completed NM VFC Refrigerated Vaccine Transport Log to your VFC Immunization Regional Coordinator, for the returning transfer.

Recommended:

- ✓ Document and review final inventory before return transfer.

Once all data is completed, this form must be Digitally signed and submitted to your Regional Coordinator for signature and form must be sent to VFC Health Educator for completion.

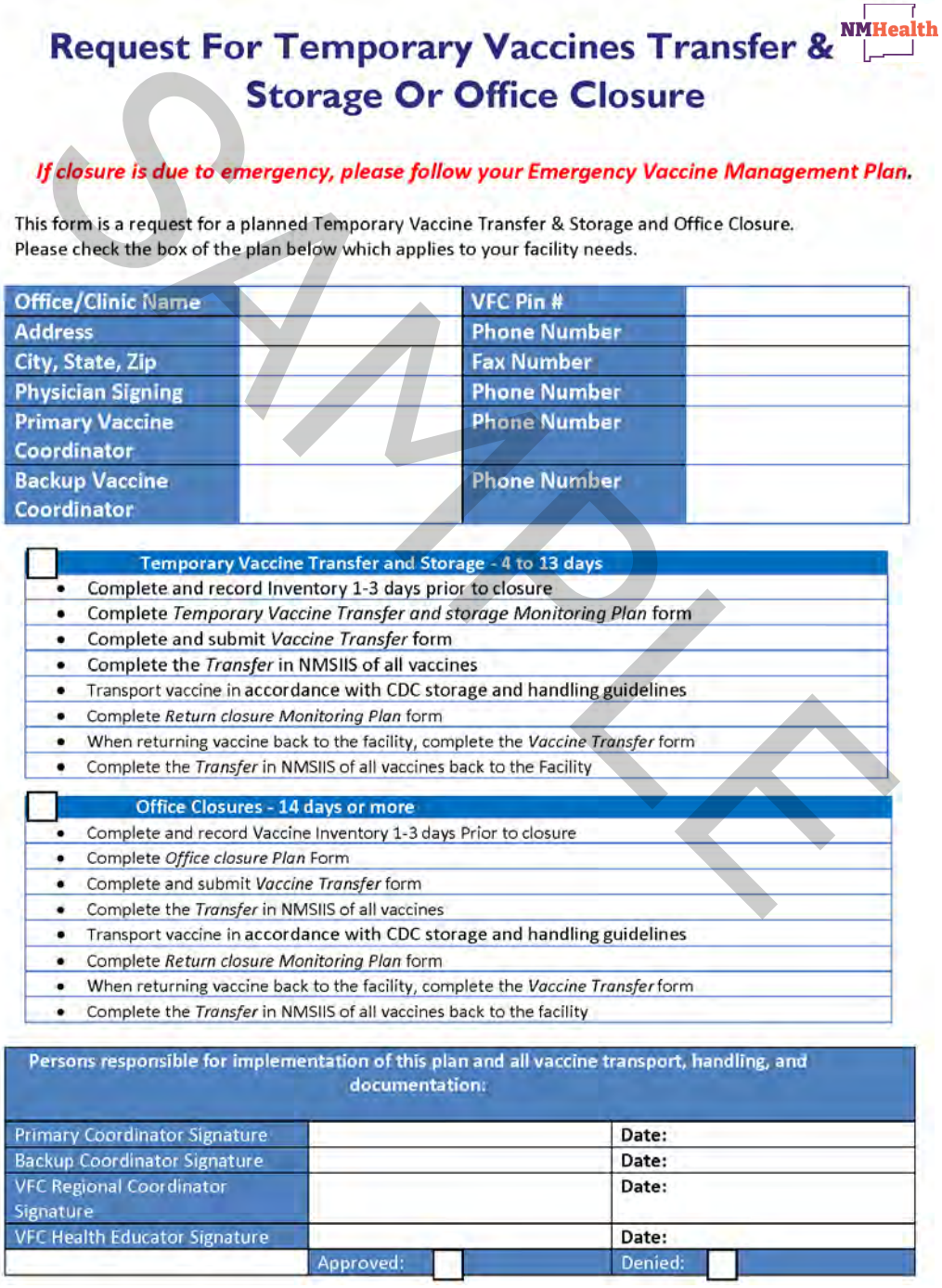
Transferring Frozen vaccines for the Temporary Vaccine Transfer and Storage Monitoring Plan and for the Office Closure Monitoring Plan:

All frozen transfers for these plans must be conducted by your Regional Coordinators.

Note: Transferred frozen vaccines must remain at the site where the vaccines were transported to. Ensure these sites administer frozen vaccines as the frozen vaccines cannot be transported back.

Appendix N. Request for Temporary Transfer and Storage or Office Closure

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Request for Temporary Transfer & Storage or Office Closure (Fillable) 3/1"



Request For Temporary Vaccines Transfer & Storage Or Office Closure

NMHealth

If closure is due to emergency, please follow your Emergency Vaccine Management Plan.

This form is a request for a planned Temporary Vaccine Transfer & Storage and Office Closure.
Please check the box of the plan below which applies to your facility needs.

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

☐ **Temporary Vaccine Transfer and Storage - 4 to 13 days**

- Complete and record Inventory 1-3 days prior to closure
- Complete *Temporary Vaccine Transfer and storage Monitoring Plan* form
- Complete and submit *Vaccine Transfer* form
- Complete the *Transfer* in NMSIIS of all vaccines
- Transport vaccine in accordance with CDC storage and handling guidelines
- Complete *Return closure Monitoring Plan* form
- When returning vaccine back to the facility, complete the *Vaccine Transfer* form
- Complete the *Transfer* in NMSIIS of all vaccines back to the Facility

☐ **Office Closures - 14 days or more**

- Complete and record Vaccine Inventory 1-3 days Prior to closure
- Complete *Office closure Plan* Form
- Complete and submit *Vaccine Transfer* form
- Complete the *Transfer* in NMSIIS of all vaccines
- Transport vaccine in accordance with CDC storage and handling guidelines
- Complete *Return closure Monitoring Plan* form
- When returning vaccine back to the facility, complete the *Vaccine Transfer* form
- Complete the *Transfer* in NMSIIS of all vaccines back to the facility

Persons responsible for implementation of this plan and all vaccine transport, handling, and documentation:

Primary Coordinator Signature		Date:
Backup Coordinator Signature		Date:
VFC Regional Coordinator Signature		Date:
VFC Health Educator Signature		Date:
	Approved: ☐	Denied: ☐

Appendix O. Temporary Vaccine Transfer and Storage Monitoring Plan (4-13 Consecutive Days)

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Temporary Vaccine Transfer and Storage Monitoring Plan 4-13 days (Fillable) 3/1"

TEMPORARY VACCINE TRANSFER AND STORAGE MONITORING PLAN

4-13 Consecutive Days

Temporary Vaccine Transfer and Storage is 4-13 consecutive days and ***requires*** that vaccine be transferred in NMSIIS then transported to an alternate location with CDC storage and handling guidelines. Note: Any holiday office closures that have 4 consecutive ***business*** days, not to include weekends, **do not** need to transfer VFC Vaccines.

Office/Clinic Name		**VFC Pin #**	
Address		**Phone Number**	
City, State, Zip		**Fax Number**	
Physician Signing		**Phone Number**	
Primary Vaccine Coordinator		**Phone Number**	
Backup Vaccine Coordinator		**Phone Number**	

Temporary Vaccine Transfer and Storage Checklist			
Transfer and Storage Dates			
From		To	
Who will be checking temperatures at the Transfer site?			
Name	Title	Contact Information	
Name	Title	Contact Information	

Pre-closure Tasks – required			
☑	Task	Completed by	Date
☐	Notify your regional VFC Immunization Coordinator two weeks BEFORE your planned closure.		
☐	Enter the Transfer transaction in NMSIIS		
☐	Complete the NM VFC Vaccine Transfer Form ***OR*** print a transfer detail from NMSIIS– ALL the information is required. Keep a copy for your records.		
☐	Email the completed NM VFC Transfer Form or the transfer detail (from NMSIIS) to your Regional Immunization Coordinator.		
Pre-closure Tasks - recommended			
☐	Document and review final inventory before transfer		
☐	Prepare draft vaccine order to be placed 1-2 weeks prior to office re-opening		

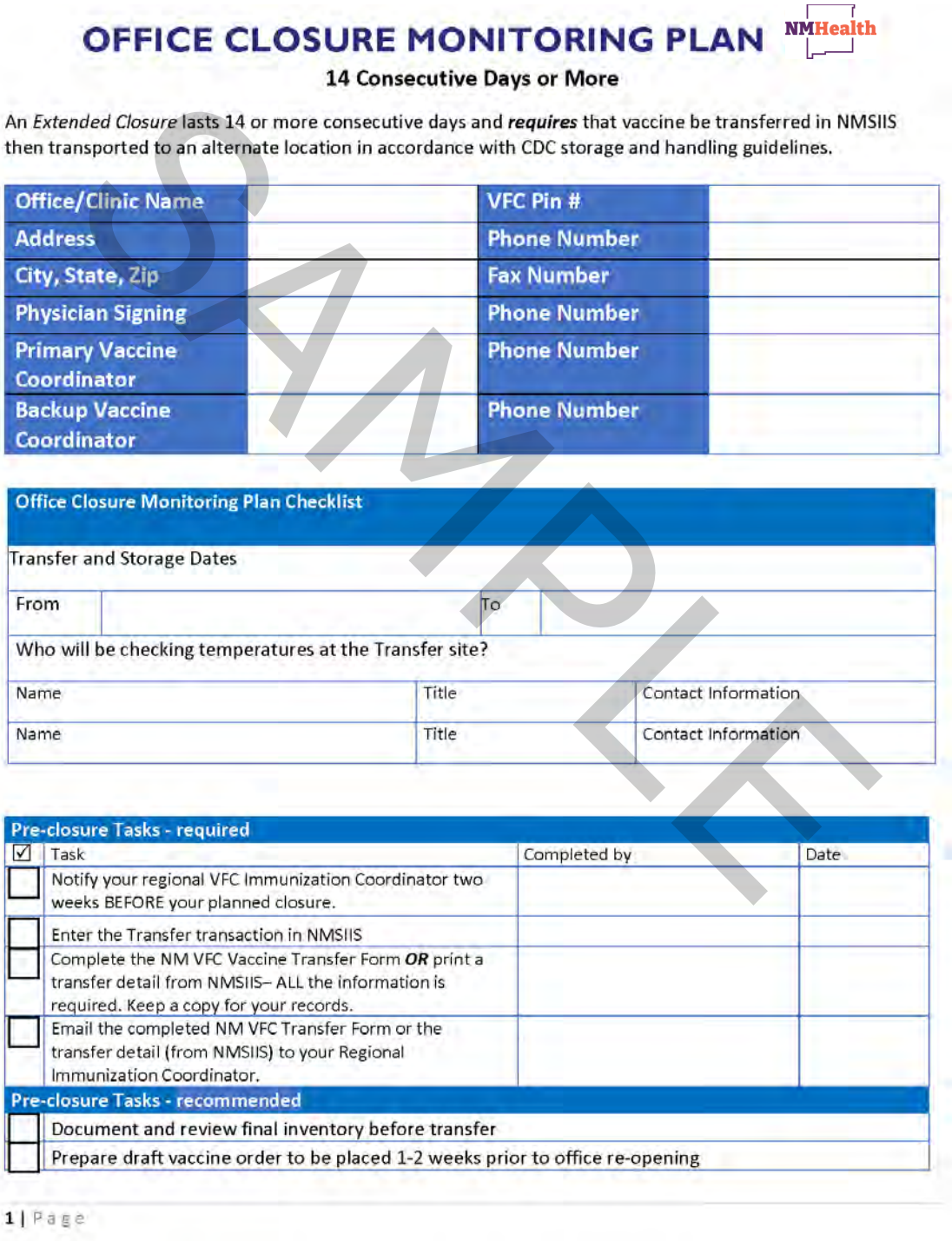
TEMPORARY VACCINE TRANSFER AND STORAGE MONITORING PLAN

Temporary Transfer and Storage Schedule – dates and times of temp checks							
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							

Primary Coordinator Signature		**Date:**
Backup Coordinator Signature		**Date:**
VFC Regional Coordinator Signature		**Date:**
VFC Health Educator Signature		**Date:**
	Approved: ☐	Denied: ☐

Appendix P. Office Closure Monitoring Plan 14 or More Consecutive Days

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “VFC Office Closure Monitoring Plan 14 or more days (Fillable) 3/1”



OFFICE CLOSURE MONITORING PLAN

NMHealth

14 Consecutive Days or More

An *Extended Closure* lasts 14 or more consecutive days and ***requires*** that vaccine be transferred in NMSIIS then transported to an alternate location in accordance with CDC storage and handling guidelines.

Office/Clinic Name		**VFC Pin #**	
Address		**Phone Number**	
City, State, Zip		**Fax Number**	
Physician Signing		**Phone Number**	
Primary Vaccine Coordinator		**Phone Number**	
Backup Vaccine Coordinator		**Phone Number**	

Office Closure Monitoring Plan Checklist			
Transfer and Storage Dates			
From		To	
Who will be checking temperatures at the Transfer site?			
Name		Title	Contact Information
Name		Title	Contact Information

Pre-closure Tasks - required			
☑	Task	Completed by	Date
☐	Notify your regional VFC Immunization Coordinator two weeks BEFORE your planned closure.		
☐	Enter the Transfer transaction in NMSIIS		
☐	Complete the NM VFC Vaccine Transfer Form ***OR*** print a transfer detail from NMSIIS– ALL the information is required. Keep a copy for your records.		
☐	Email the completed NM VFC Transfer Form or the transfer detail (from NMSIIS) to your Regional Immunization Coordinator.		
Pre-closure Tasks - recommended			
☐	Document and review final inventory before transfer		
☐	Prepare draft vaccine order to be placed 1-2 weeks prior to office re-opening		

1 | Page

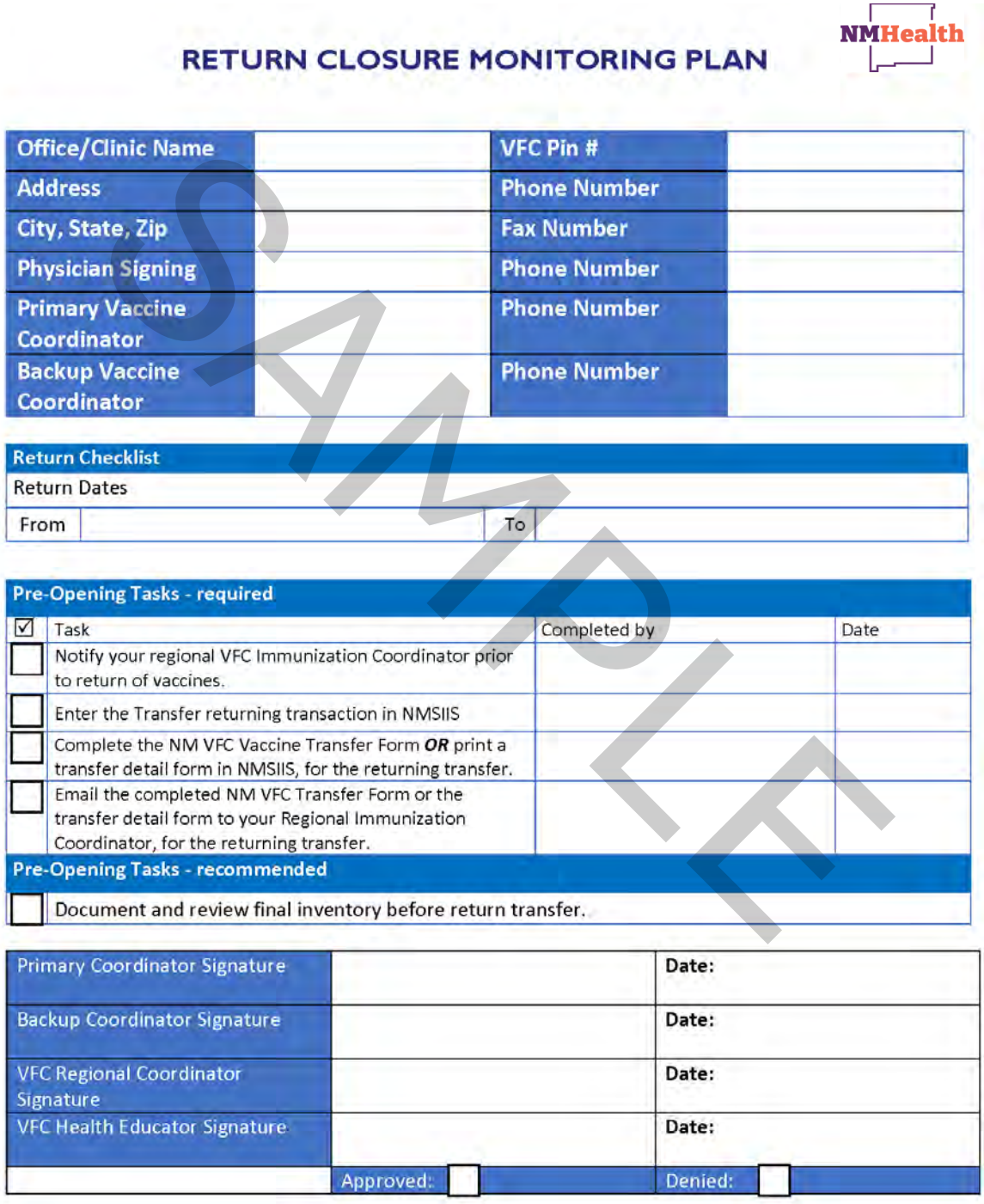
Office Closure Monitoring Plan Schedule – dates and times of temp checks							
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							

Office Closure Monitoring Plan Schedule – dates and times of temp checks							
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							
Date							
a.m.							
p.m.							
Initials/done							

Primary Coordinator Signature		**Date:**
Backup Coordinator Signature		**Date:**
VFC Regional Coordinator Signature		**Date:**
VFC Health Educator Signature		**Date:**
	Approved: ☐	Denied: ☐

Appendix Q. Return Closure Monitoring Plan

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Return Closure Monitoring Plan (Fillable) 3/1"



RETURN CLOSURE MONITORING PLAN

NMHealth

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

Return Checklist			
Return Dates			
From		To	

Pre-Opening Tasks - required			
☑	Task	Completed by	Date
☐	Notify your regional VFC Immunization Coordinator prior to return of vaccines.		
☐	Enter the Transfer returning transaction in NMSIIS		
☐	Complete the NM VFC Vaccine Transfer Form ***OR*** print a transfer detail form in NMSIIS, for the returning transfer.		
☐	Email the completed NM VFC Transfer Form or the transfer detail form to your Regional Immunization Coordinator, for the returning transfer.		
Pre-Opening Tasks - recommended			
☐	Document and review final inventory before return transfer.		

Primary Coordinator Signature		**Date:**
Backup Coordinator Signature		**Date:**
VFC Regional Coordinator Signature		**Date:**
VFC Health Educator Signature		**Date:**
	Approved: ☐	Denied: ☐

Appendix R. Refrigerated Vaccine Transport Log

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Refrigerated Vaccine Transport Log 09/2024"

Vaccines for Children (VFC) Program

Refrigerated Vaccine Transport Log

Complete *this log when transferring vaccines to an alternate or back-up refrigerator, or when transporting to another provider/location*

Data Logger must accompany vaccines

Temperature log must be downloaded and saved when transfer is complete

NMHealth

Transfer Information

FROM Provider Name:		VFC PIN:		Transfer in NMSIIS **sent**?	Yes	No	n/a*
TO Provider Name:		VFC PIN:		Transfer in NMSIIS **rec'd**?	Yes	No	n/a*

only when vaccines are **not going to another site*

Transfer Reason	*Circle and add notes if necessary*				
Power Outage	Excess Supply	Short-dated	Storage unit malfunction	Building maintenance	Other/ Notes:

Vaccine Inventory and Temperature Monitoring Information

Print and attach your on-hand inventory from NMSIIS and the date, time, and initials of the staff member who verified the vaccine count prior to transport; also, mark any vaccine doses that have been previously transported

Transport Log and Notes: Please include specific dates and times of vaccine packing, transport, unpacking, etc.

Date:		Name/s of individuals performing transport tasks below (print):		Serial number of data logger used:	

Vaccine counted	Begin time and temp	End time and temp	Initials
Vaccine packed per guidelines	Begin time and temp	End time and temp	Initials
Vaccine transport	Begin time and temp	End time and temp	Initials
Vaccine unpacked and stored	Begin time and temp	End time and temp	Initials
Total Transport Time:	*Notes:*		

If transport temperatures exceed recommended ranges, ***immediately*** notify your Regional contact/s at the VFC program:

Metro Region	***Northeast Region***	***Northwest Region***	***Southeast (a)***	***Southwest Region***
505-709-7866 505-709-7811 505-670-0153	505-476-2619 505-476-2622	505-534-0865	***Kelly Bassett*** 575-288-9618 ***Southeast (b)*** ***Zach Washington*** 505-222-9011	575-528-5186 575-528-5150

Updated 9/2024

Appendix S. Inventory Management Guide

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Monthly Inventory Management Guide"

VFC Monthly Inventory Management Guide

The Management of your clinics' publicly funded VFC (Blended) vaccines is the responsibility of the Primary and Back-up Vaccine Coordinators and is a set of tasks and processes that are best done together each month.

The steps outlined below are vital parts of this process. By performing these each month, you will find that each of these tasks, but particularly the vaccine reconciliation, gets easier and easier. You will also save time, become more skilled at your job, avoid vaccine loss, save money, and never have to worry that you are leaving your site vulnerable to restitution.

1. NMSIIS On-hand **Inventory review-*Expiring Soon*** inventory
2. Attempt to Transfer Prior to Expiration
3. NMSIIS On-hand **Inventory review- *Depleted/Expired*** inventory
4. Process your **Returns** in NMSIIS
5. Enter **Wastage** prior to inventory count
6. Complete your monthly **Reconciliation**
7. Create and submit your vaccine **Order**
8. **Receiving VFC Vaccines**

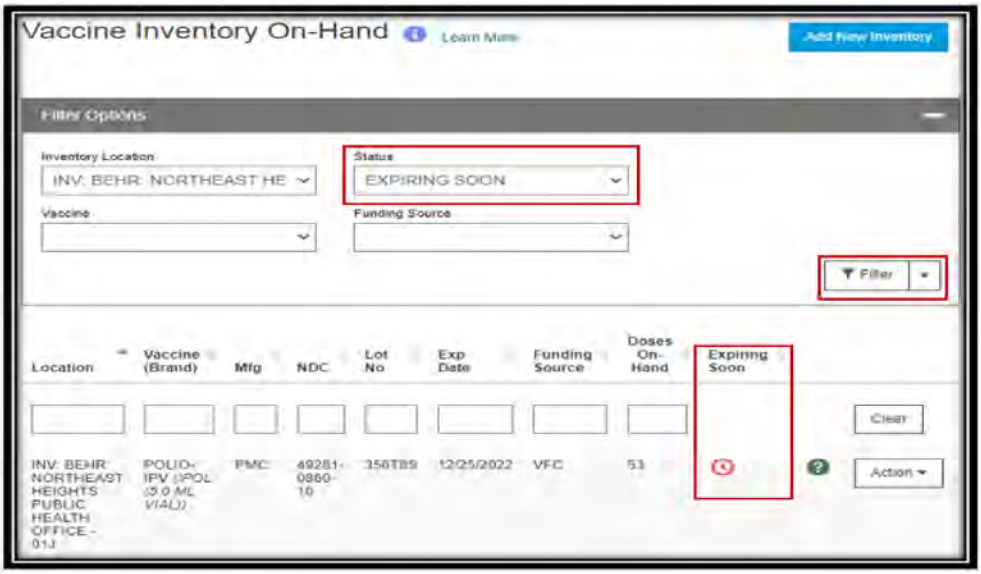
Best Practice: Keep a monthly folder for all your notes, vaccine counts, recon worksheets, etc.

1. Expiring Soon

IN NMSIIS go to

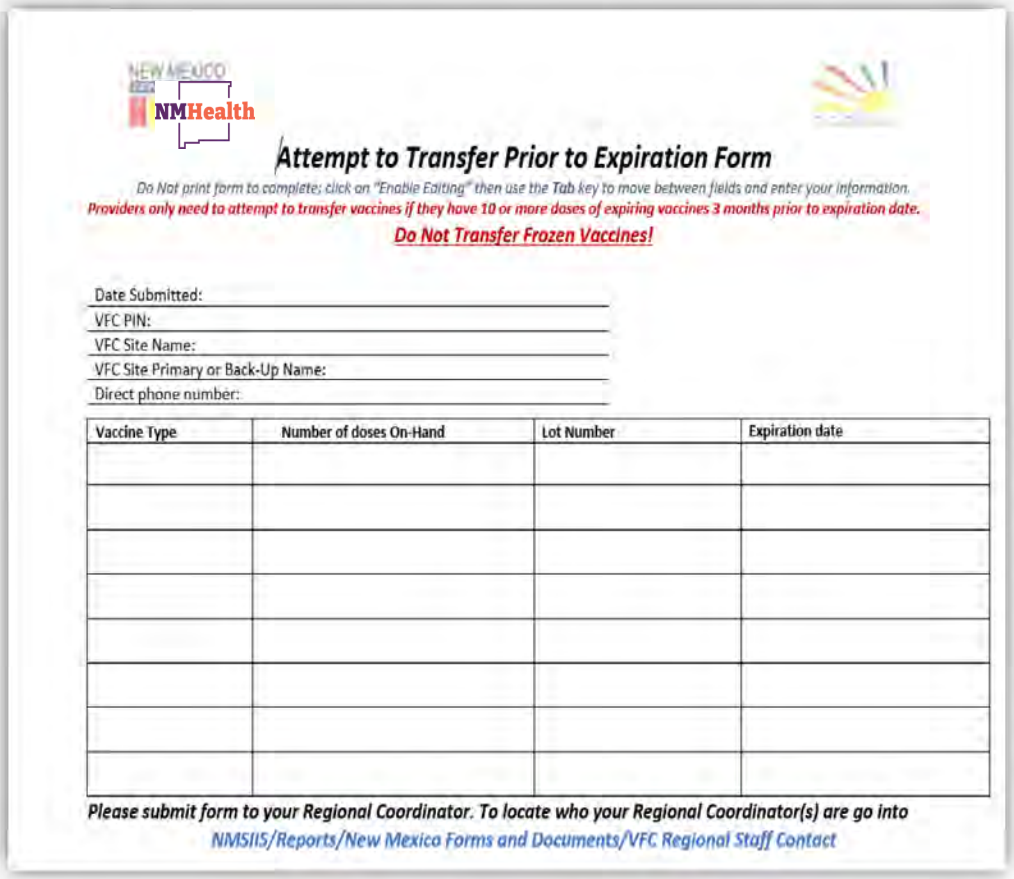
- Inventory
  - Vaccines
  - On-Hand

change the Status drop-down from *On-Hand* to *Expiring Soon* then click on Filter. All expiring soon vaccines will always show a red round clock next to the vaccine.



2. Attempt To Transfer Prior to Expiration

An *Attempt to Transfer Prior to Expiration Form* must be filled-out and Submitted via email to your Regional Coordinator. ***3 months prior*** to expiration will allow your Regional Coordinator adequate time to find a clinic who may be able to administer the vaccines prior to expiration. Providers only need to transfer vaccines if there are ***10 or more doses of expiring vaccines***. The only vaccines that should never need to be transferred are Frozen Vaccines. If your Regional Coordinator is unsuccessful in transferring the expiring vaccines, be sure to keep a copy of the original attempt to transfer emails.



NEW MEXICO NMHealth

Attempt to Transfer Prior to Expiration Form

Do Not print form to complete; click on "Enable Editing" then use the Tab key to move between fields and enter your information.

Providers only need to attempt to transfer vaccines if they have 10 or more doses of expiring vaccines 3 months prior to expiration date.

Do Not Transfer Frozen Vaccines!

Date Submitted:
VFC PIN:
VFC Site Name:
VFC Site Primary or Back-Up Name:
Direct phone number:

Vaccine Type	Number of doses On-Hand	Lot Number	Expiration date

Please submit form to your Regional Coordinator. To locate who your Regional Coordinator(s) are go into NMSIIS/Reports/New Mexico Forms and Documents/VFC Regional Staff Contact

PLEASE NOTE: DO NOT ATTEMPT TO TRANSFER FROZEN VACCINES!

To locate the above form, go into *NMSIIS/Report/New Mexico Forms and Documents/VFC Attempt to Transfer Form*

3. Depleted/Expired inventory

The Reconciliation process requires that vaccines with an *expiration date prior to the current recon period* be returned prior to opening up a reconciliation. Review your current list of ***Depleted/Expired*** On-hand Inventory.

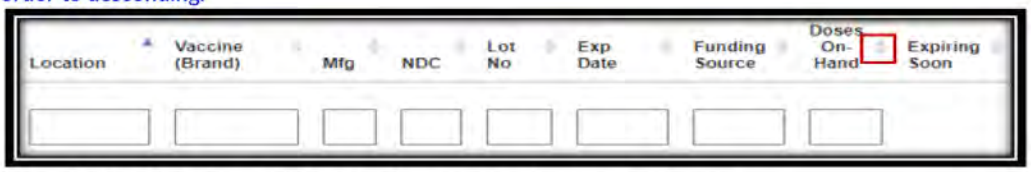
Here are the steps to find any expired vaccines still showing in your inventory:

IN NMSIIS go to

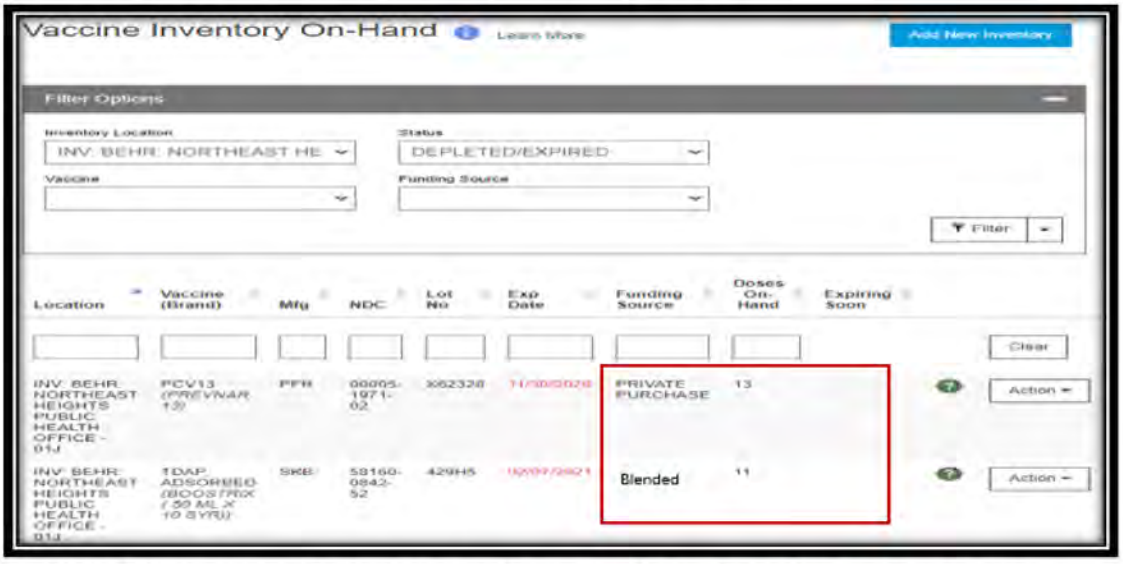
- Inventory
  - Vaccines
  - On-Hand

Change the ***Status*** drop-down to DEPLETED/EXPIRED and Click on "Filter".

Click the light gray "up" arrow on the ***Doses on Hand*** column, then click it again once the list has refreshed to change the order to descending.



This will bring all the lines still showing doses on your inventory to the top:



PLEASE NOTE: expired Private Purchase inventory must also be resolved before proceeding to recon.

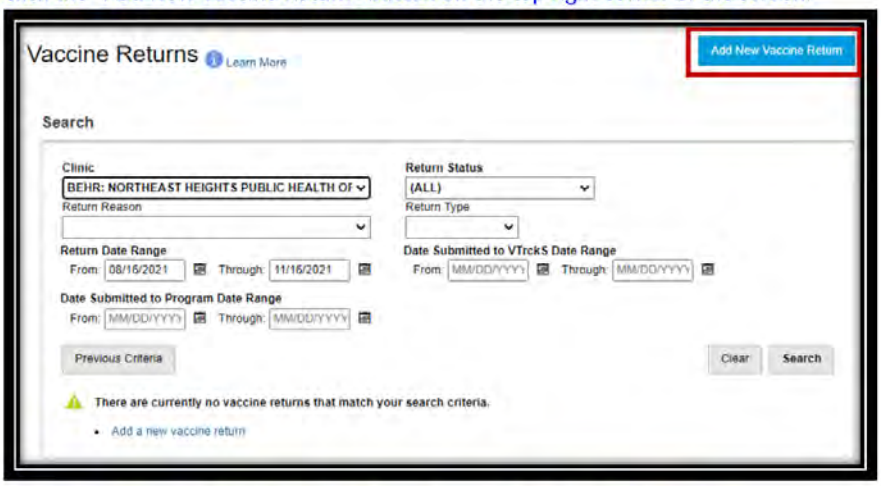
4. Returns

All expired vaccines will need a return processed in order to reconcile inventory in NMSIIS.

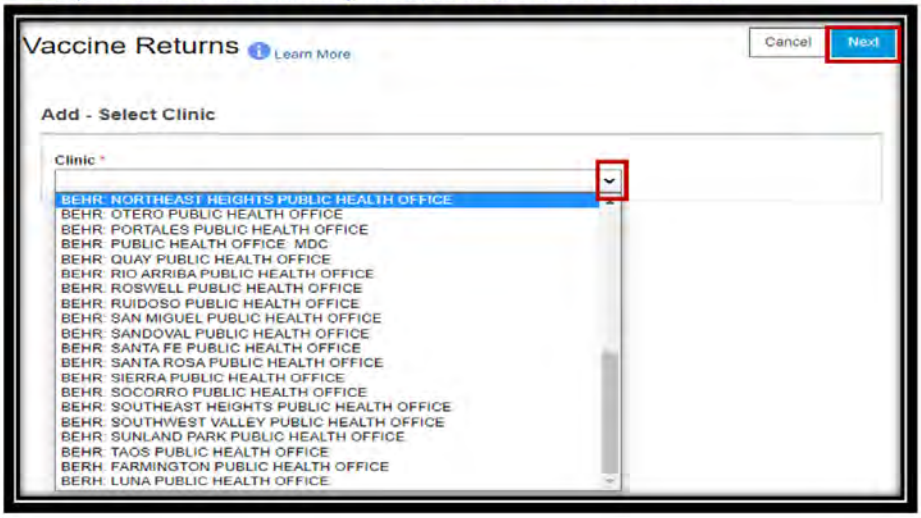
IN NMSIIS go to

- Inventory
  - Vaccines
  - Vaccine Returns

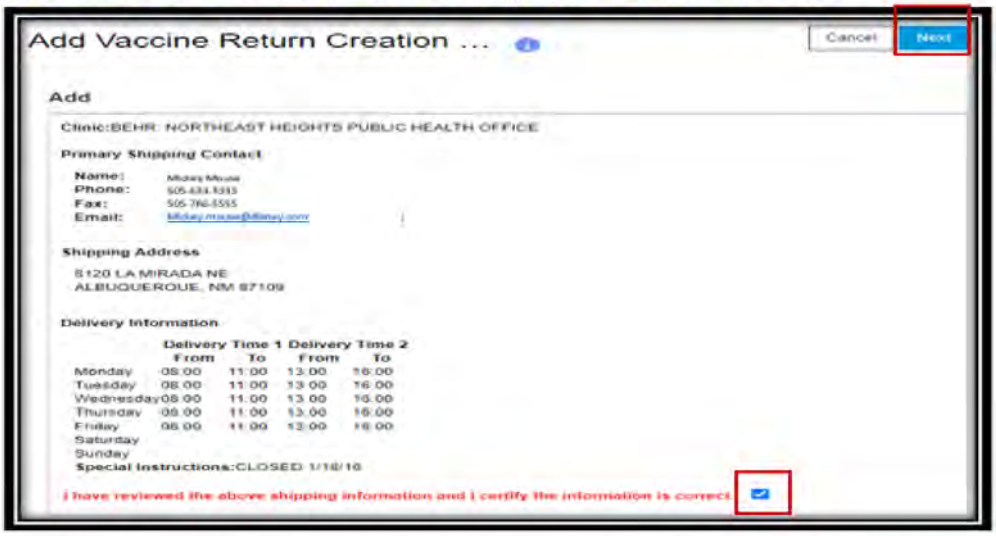
Click the "Add New Vaccine Return" button on the top right corner of the screen.



Locate your clinic on the Clinic drop down, then click on the Next button.



Verify the shipping information and certify the information is correct by clicking on the check box on the bottom right corner of the screen. Then click on "Next" at the top right-hand corner of the screen



The ***Vaccine Returns*** screen is now displayed and your selections in the required fields (red asterisks *) should match the screenshot below.

Return Type, select Return Only

Return Reason use the drop-down menu and select ***Expired Vaccine***

Note: Spoiled vaccines to return are only due to temperature excursions/Spoiled in Transit. A copy of your VFC Troubleshooting Record (TSR) must be submitted to your Regional Coordinator and approved then if vaccine is non-viable submit immediately a return for the non-viable vaccines.

Number of Shipping Labels, **1** is the usual request; the rule of thumb is one label for each 100 doses being returned.

Label Shipping Method, select ***Email to provider email stored in VTRCKS-*** A return label will only be submitted to emails with 40 characters or less, select ***Mail to provider address in VTRCKS-*** A return label will be sent to the shipping address listed on the above screen shot.

Clinic Comments, this is an optional field but can be helpful-share any additional information you think will help us process your return. If the return label needs to be sent to the primary is out and the label needs to be sent to the Back-up, please state that on the clinic comments.

Click on "Create" on the top right-hand corner of the screen.

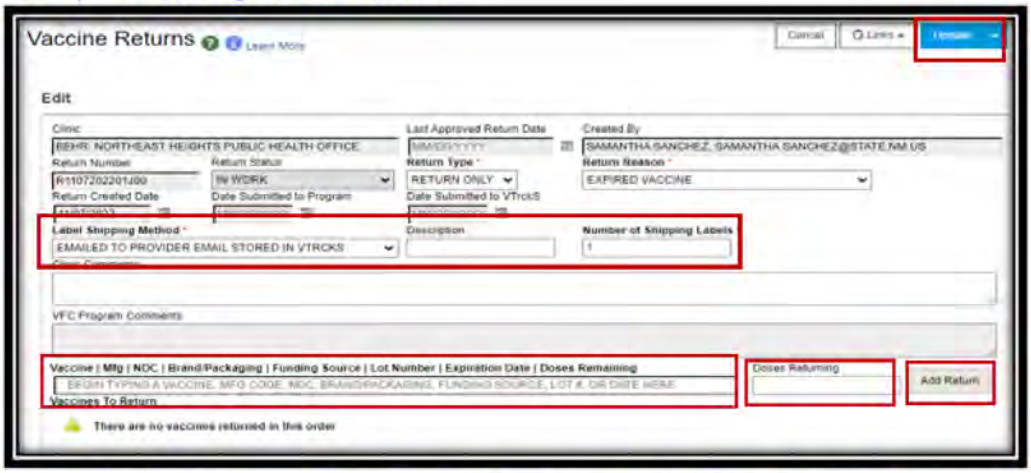
4a. Enter the expired vaccine and number of doses to find the vaccine in your inventory, begin typing a vaccine, name, NDC, brand, etc. and select the correct item from the list that drops down*

4b. Doses Returning enter the number of doses to be returned; in this case (expired vaccine) this is usually all the doses in your inventory.

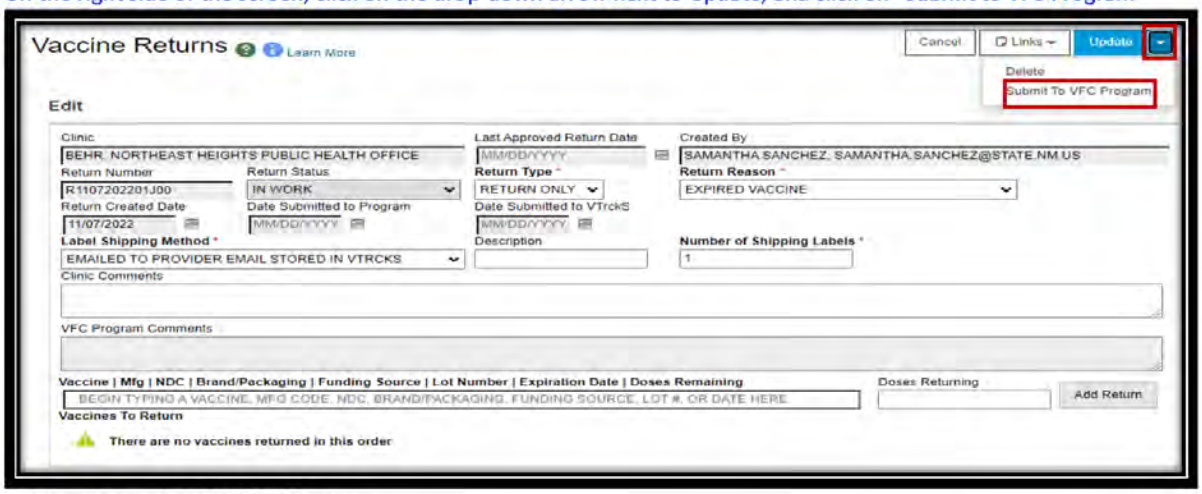
4c. Add Return click this button for each line item you enter

When all vaccines have been added:

click "Update" on the right side of the screen



On the right side of the screen, click on the drop-down arrow next to Update, and click on "Submit to VFC Program"



Print your completed NMSIIS Return

On the right side of the screen, click on ***Links***

Click on ***Vaccine Return Details***

A ***Vaccine Return Detail Report*** will generate; ***print 2 copies***, place one in the box with the returned vaccines and keep the other in your files.

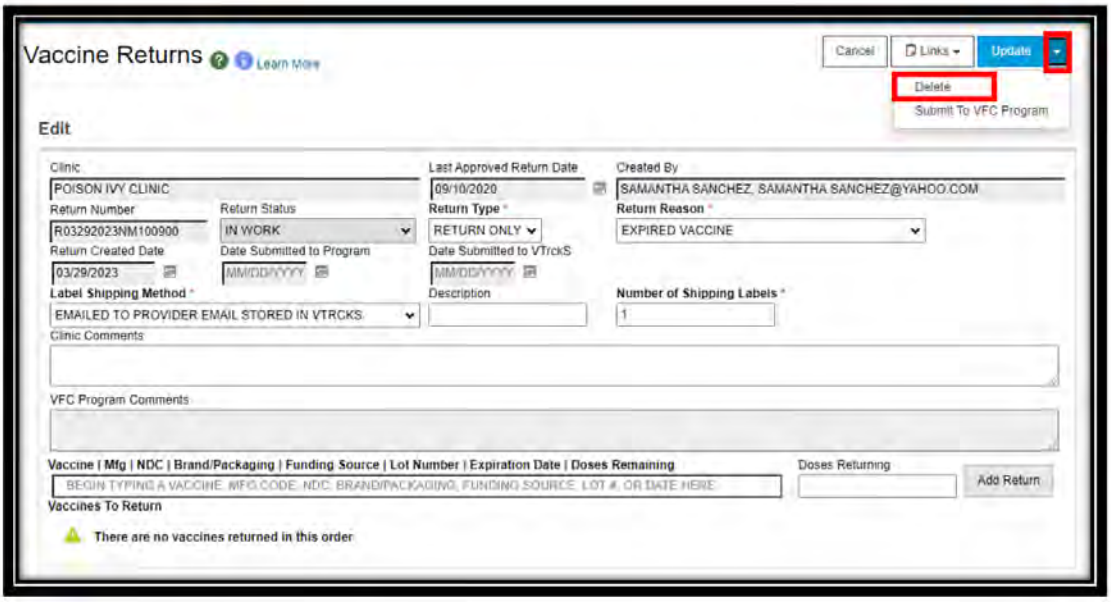
Return the expired vaccines When you receive the return label, place it on the box of vaccines to be returned, making sure there is a copy of the Vaccine Detail Report in the box.

NOTE: The types and doses of vaccines listed on the return ***must match exactly*** what is contained in the box of returned vaccine.

Helpful Hint

Have you ever seen this error when you tried to add a new vaccine return?

Here is a reminder of how to resolve this and continue creating your expired vaccine return
Click **OK**
This will take you to the open return with the status ***IN WORK***



If the ***Return Created Date*** is within the last month, you can add or continue adding expired vaccines to this return:

1. When all expired vaccines have been added, click ***Update.***
2. Click the ***drop-down*** next to the Update button.
3. Click ***Submit to VFC Program***

   Note: Your return will remain *IN WORK* status indefinitely until you complete submit your return to the VFC Program.

If the ***Return Created Date*** is more than a month old:

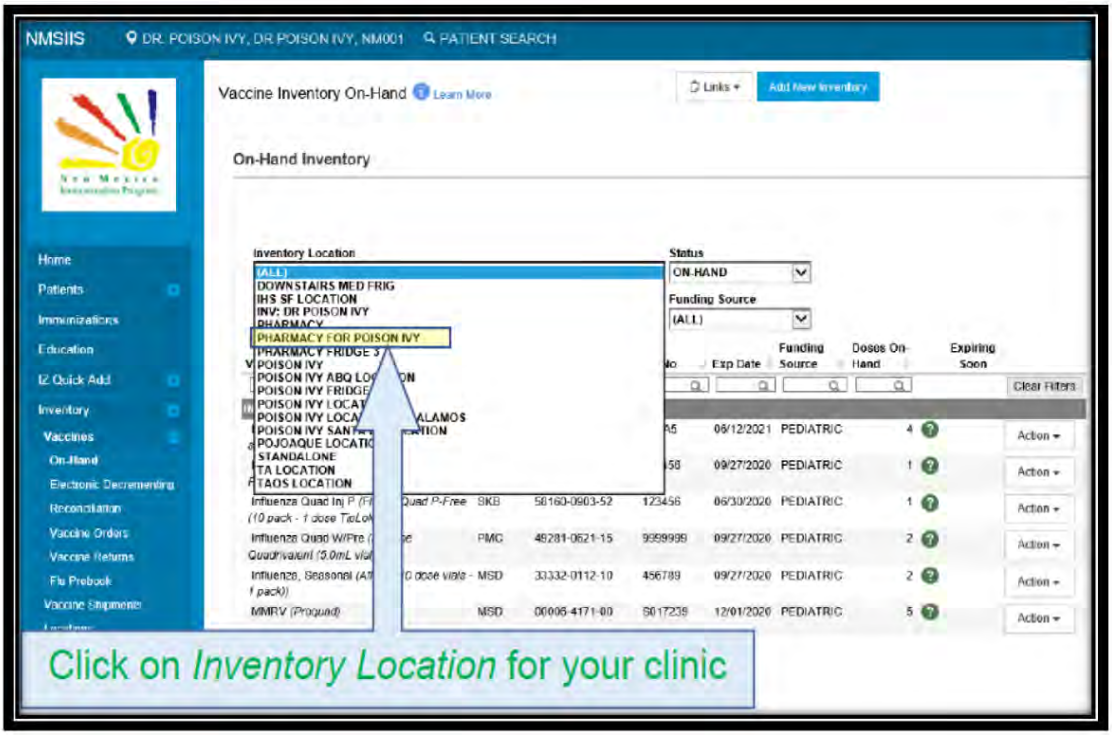
1. If there are any vaccines listed on the return, print the return; if the return is blank, follow the next two steps.
2. Click the **drop-down** next to the *Update* button.
3. Click **Delete**.
4. Create a new vaccine return and **Submit To VFC Program**.

5. Wastage

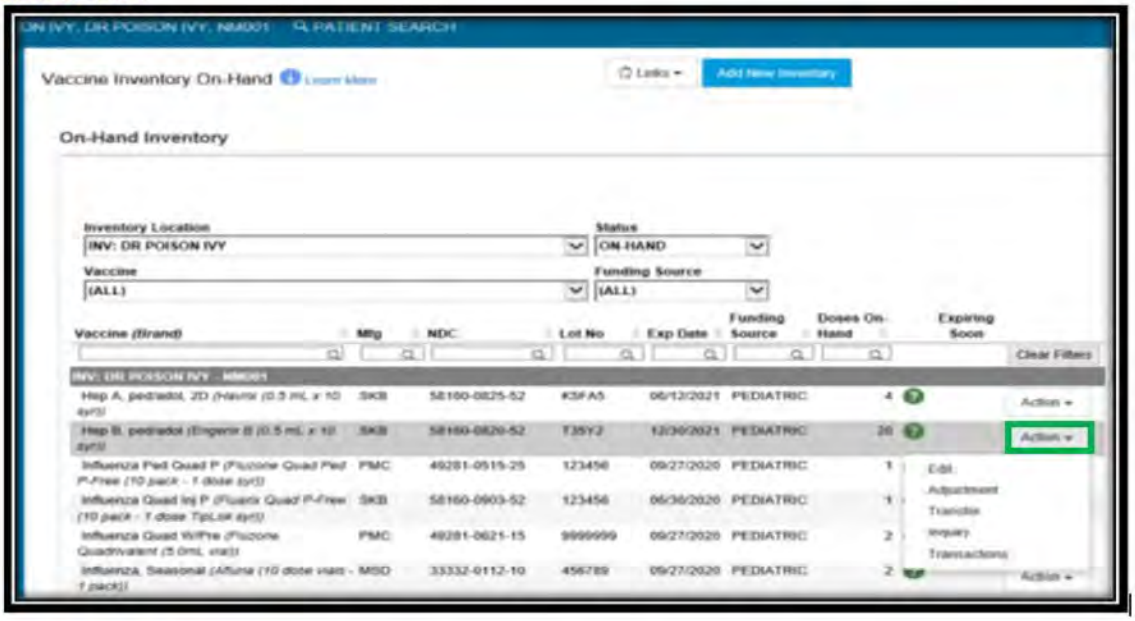
All adjustments must be entered prior to a physical count for a reconciliation. By doing all adjustments prior to physical count the adjustment will fall within your reconciliation time frame.

IN NMSIIS go to

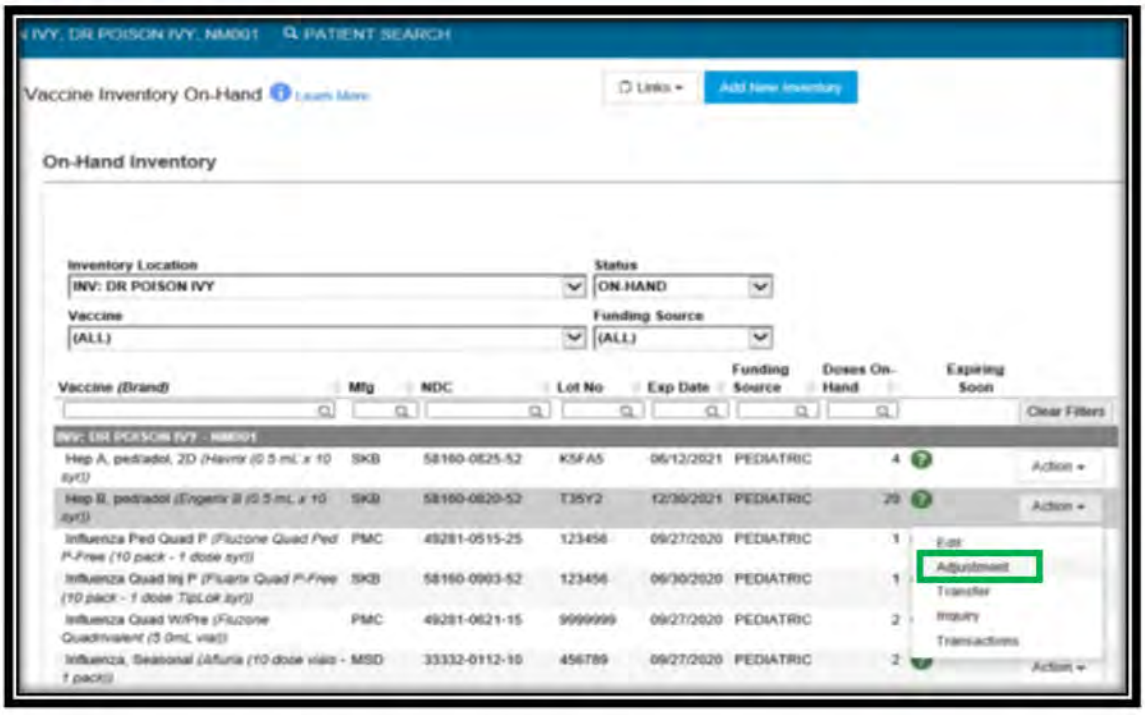
- Inventory
  - Vaccines
  - On-Hand



Locate the vaccine with the wasted dose or doses. Then click on the Action drop-down for the vaccine with the wasted dose or doses.



Next click on "Adjustment".



Enter the **Date/Time** for the adjustment.

Reason- On the "Reason" drop-down the only reasons that should ever be chosen for VFC vaccines are the first two options reading (PED BLEND) for the wasted vaccine. No other option should ever be used.

Note: The option Private Inventory is only for those providers still reconciling their privately purchased Inventory.

Modification- Click on the drop-down for "Modification" and select subtract.

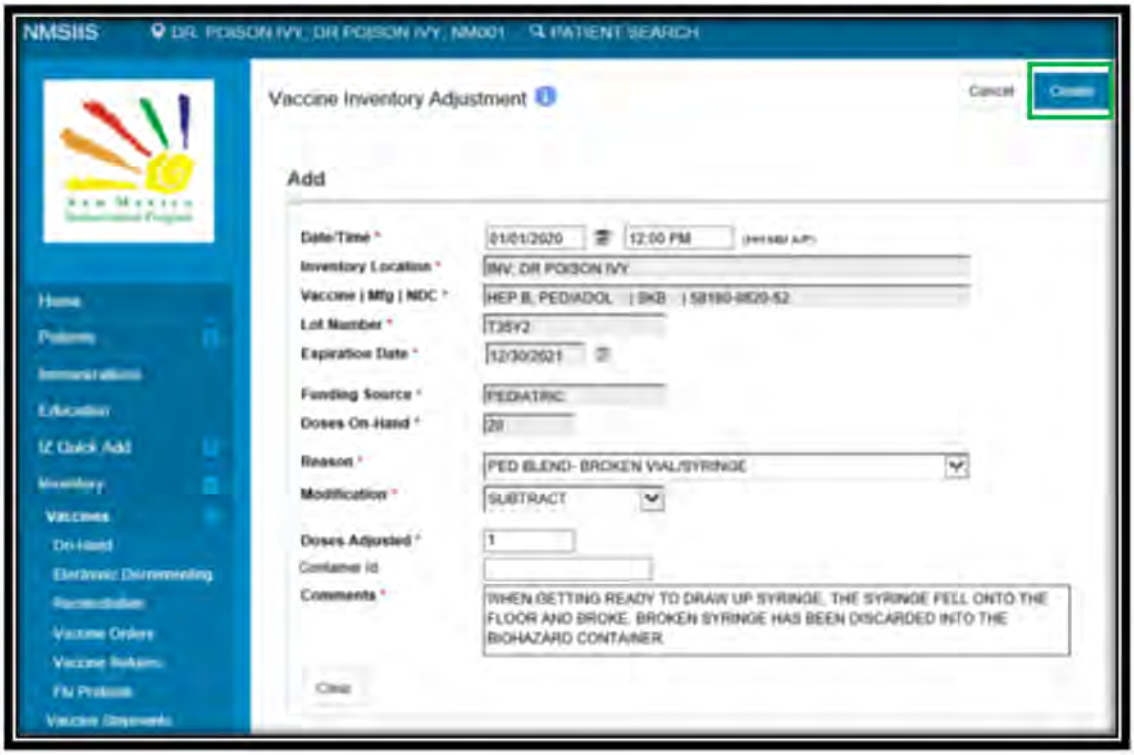
Doses Adjusted- Click on "Doses Adjusted" and type in the number of doses wasted.

Container ID- Is the only field in the inventory adjustment that does not need to be completed.

Comments- Click on the "Comments" section and type in a detailed description of what happened to the dose or doses.

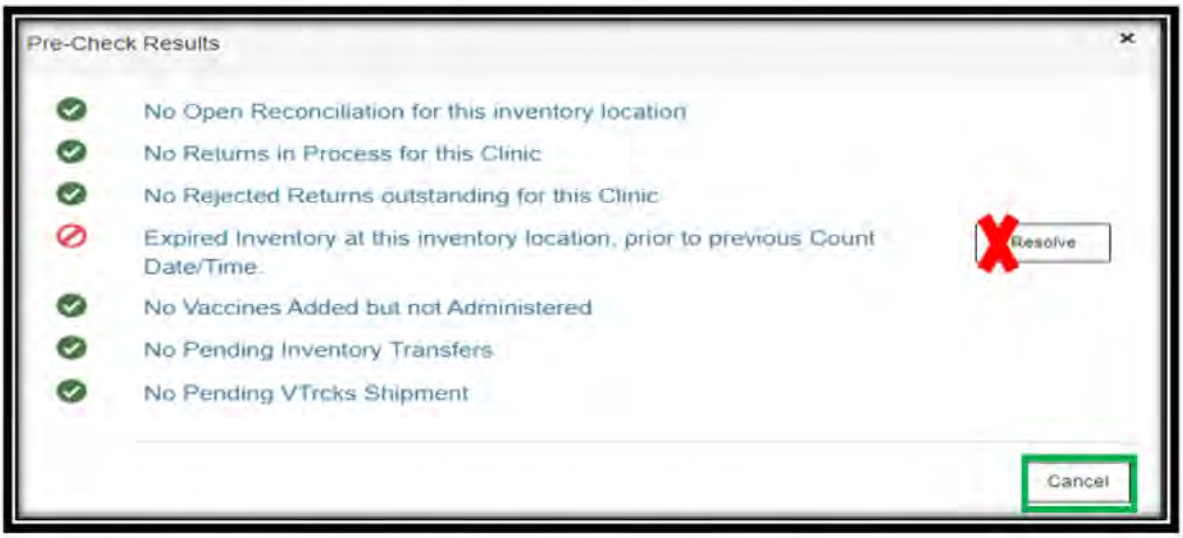
Note: The Comments Field will accommodate up to 250 characters.

Click on "Create" at the top right-hand corner of the screen as soon as all fields have been completed.



6. Reconciliation

Reconciliations must be completed only once a month. When completing a reconciliation if the below pre-check error pops up, you will need to go into your On-Hand inventory to identify the vaccines causing the pre-check list error message. **Do Not Click on Resolve,** *click on* ***Cancel*** and go into your On Hand Inventory. To identify the inventory in which is needing to be returned, go to page **3. Depleted/Expired** *Inventory steps*.



Once the Pre-Check Results show a green Check mark you may now open a new reconciliation.

Below is a link to the training on how to complete a Reconciliation being a Manual Entry provider.
Manual Entry Reconciliation Training

Below is a link to the training on how to complete a Reconciliation being an Aggregate Reporting provider.
Aggregate Reconciliation Training

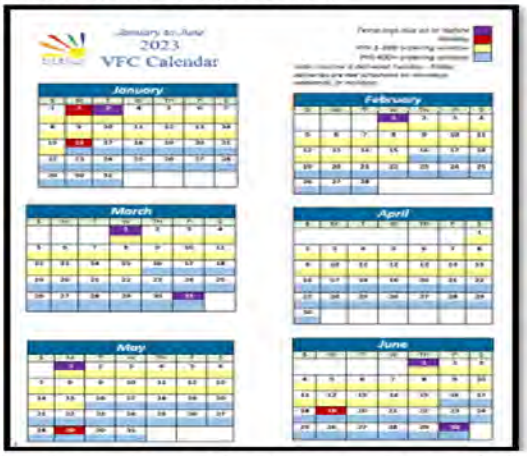
When a reconciliation is completed and balanced, check for discrepancies between the ending number in your balanced reconciliation and the actual on-hand inventory; if any are found, document the discrepancies, and call your Regional Coordinator for assistance. If your Regional Coordinator is unable to assist, you may contact the help desk at 1833-882-6454.

Reminder: Once a Reconciliation is closed, it cannot be re-opened or edited.

Best Practice: Keep the reconciliation count sheet and any notes you made in a monthly folder

7. Vaccine Order

The VFC Program has a staggered ordering schedule; Upon enrollment each clinic will be assigned a VFC pin number. Pending on your VFC pin number your ordering timeframe will be determined.
If your VFC pin # is 1-399, your ordering timeframe is from the 1st through the 15th of each month.
If your VFC pin # is 400 or larger, your ordering timeframe is from the 16th to the last day of each month.
Below are images of the VFC Calendars which can be found in, *NMSIIS/Reports/New Mexico Forms and Documents/VFC Calendar Jan-June, July-December.*



Another requirement for placing an order is, each clinic must have a closed reconciliation with an "End Date" no more than 14 days prior to the date of your order.

Here are the steps on creating and submitting a VFC order.
IN NMSIIS go to

- Inventory
  - Vaccines
  - Vaccine Orders

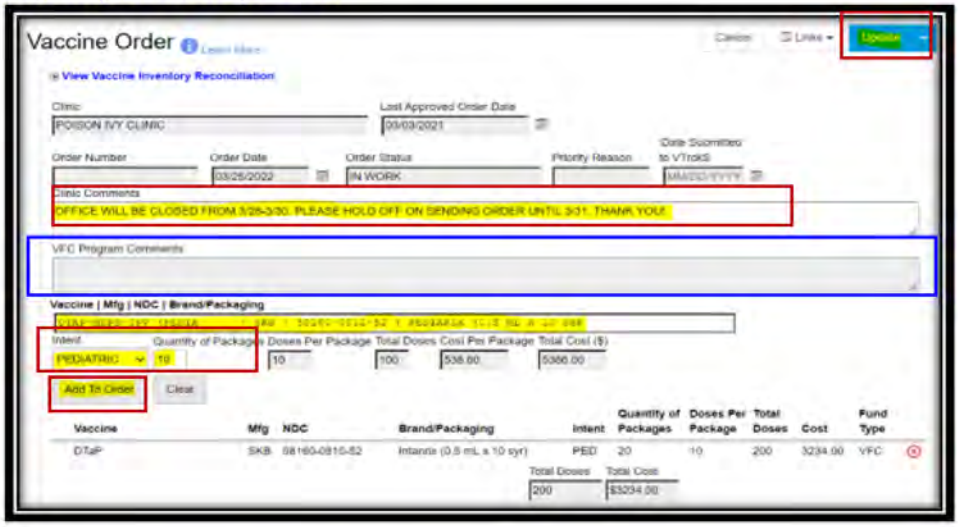
Click the "Add New Vaccine Order" button on the top right corner of the screen.

Complete the vaccine order in NMSIIS:

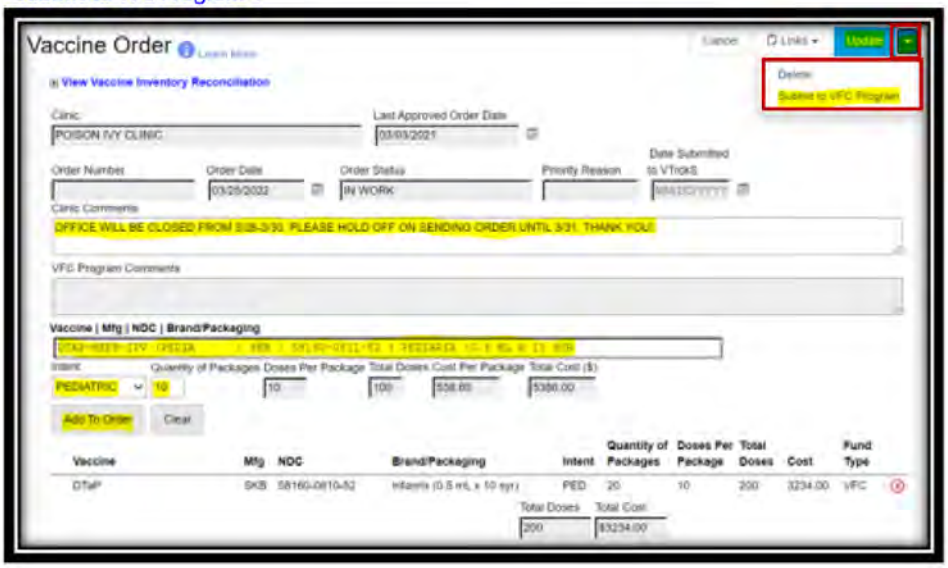
- Clinic comments are for providers to communicate with the VFC program for changes with their order.

- When selecting a vaccine to order be sure the *Intent* states "Pediatric".
- When selecting quantity remember that vaccine orders come in box amounts.

Click on "Add to order", to add the vaccine to your order
Click on Update to save your order

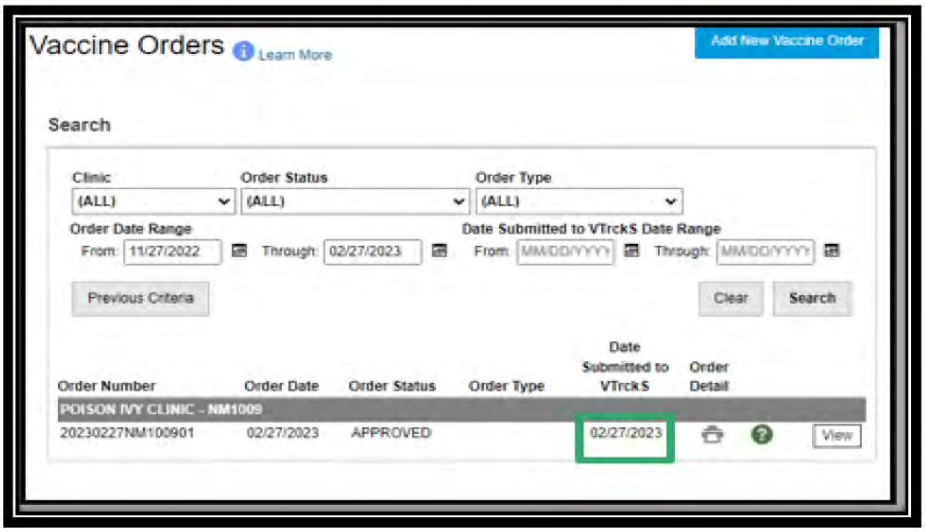


Click on the drop down adjacent to the "Update" button on the top right-hand corner of your screen, then click on "Submit to VFC Program".



Reminder: If the Order Status reads *IN WORK*, this order has not been submitted for approval and the VFC program will not see this order. Click on *View*, then submit to VFC program by following the steps shown on the previous step.

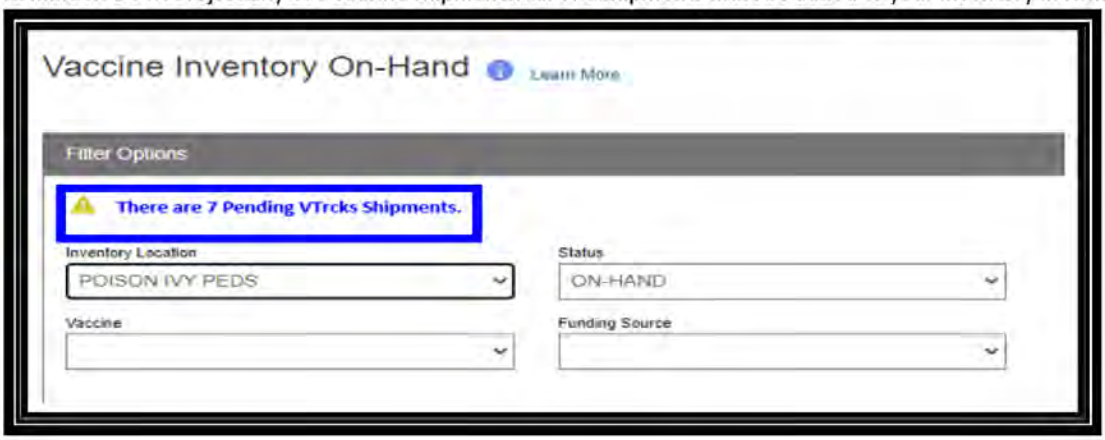
Once the VFC Program reviews and approves your order, the date will appear under *Date Submitted to VTrcks.*



8. Receiving VFC Vaccines

On the NMSIIS On-Hand a blue hyperlink will appear. The hyperlink will allow the provider to receive the shipment into NMSIIS to ensure that the quantity, Lot number, NDC, etc. will be correctly input into NMSIIS.
The only exceptions for not receiving vaccines via the blue hyperlink are state frozen vaccines and Influenza, which must be manually entered into your NMSIIS inventory.

Reminder: Do not reject any VFC vaccine shipments. All VFC shipments must be added to your inventory in NMSIIS.



Frozen Shipments that are received with the packing slip stating, (Sold To-CDC IMMUNIZATION DIV FMO-CDC) Can be entered onto the inventory via the blue hyperlink.

Manually Entering State Frozen Vaccines and Influenza Vaccines

Frozen vaccine shipments that are received with the packing slip stating, (Sold To-NM DEPT OF HEALTH IMMUN STATE FROZEN) will need to be manually added to your On-hand Inventory in NMSIIS:


MERCK

Packing Slip

2000 Galloping Hill Road
KENILWORTH NJ, 07033

Shipped From	DEA License	Ship To	State License	Sold To	State License
MD Logistics 12125 Moya Blvd RENO, NV 89506 USA	RM0506951 State Distributor WD00011973 State Control Drug CB00224181	Providers name and Address	DEA License Account # 2056017728	NM DEPT OF HEALTH IMMUN STATE FROZEN ATTN RHONDA SANCHEZ STE S1250 1190 S SAINT FRANCIS DR SANTA FE, NM 87505-4173	DEA License Account # 0050000810

Order No	Order Date	Purchase Order Number	Carrier	No of Pallets	Drop PO#
3017758948	07/24/2018	155080	UPS	1	
Ship Date	**Delivery No**	**Order Type**	**Service Level**	**No of Cartons**	
07/24/2018	0815600786	Frozen Order	NEXTDAYSAV	2	

Special Instructions:

IN NMSIIS go to

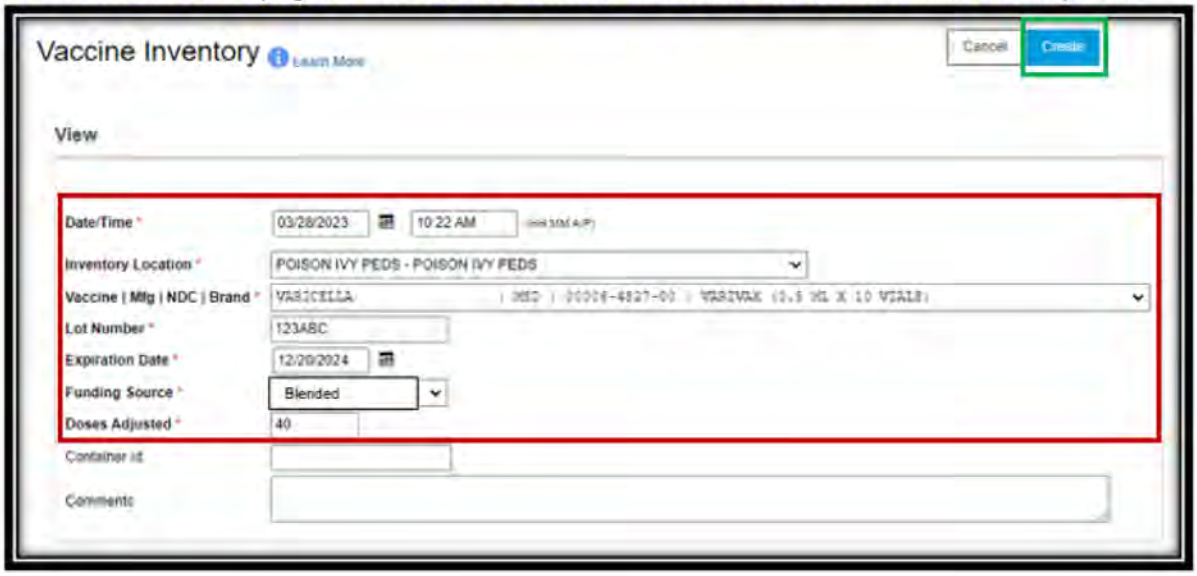
- Inventory
  - Vaccines
  - On-Hand

Click on "Add New Inventory" on the top right-hand corner of the screen.

On the Vaccine Inventory complete all the fields with a (red asterisks *).

Date/Time- Complete with the date/time the vaccine shipment was received.
Inventory Location- Enter the location the VFC Inventory will be placed into.
Vaccine/MFG/NDC/Brand- to add the vaccine in your inventory, begin typing a vaccine, name, NDC, brand, etc. and select the correct item from the list that drops down.
Lot Number- Type in the lot number listed on the vial/syringe.
Expiration Date- Type in the Expiration listed on the vial/syringe.
Funding Source- The Funding Source type to choose would be Blended for VFC vaccines.
Doses Adjusted- Enter the number of doses received on the date the shipment arrived.
Comments Field- Enter any comments as needed.

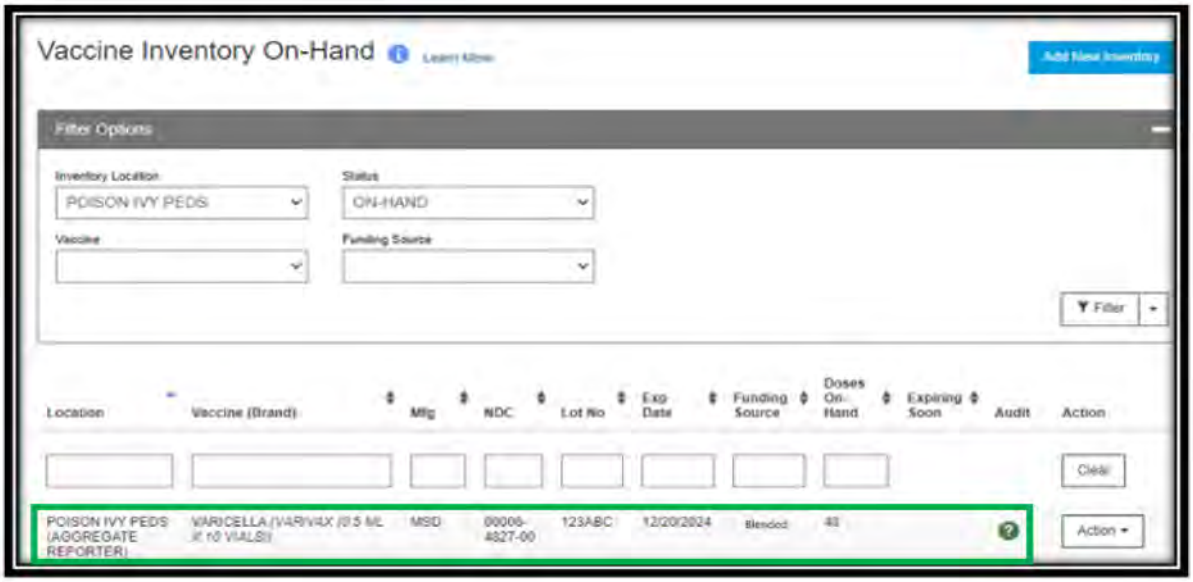
Click on "Create" at the top right-hand corner of the screen as soon as all fields have been verified and completed.



A green Success box as the one below, will show up on the screen as soon as the vaccine has been added into the providers inventory.

Note: When manually adding vaccines into the providers inventory NMSIIS will only allow 1 vaccine to be added at a time. To add another vaccine the provider will need to follow the two steps above for adding manual inventory.

As seen on the image below the vaccine will now appear onto the Vaccine Inventory On-Hand.



Appendix T. Attempt to Transfer Form

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “Attempt to Transfer Form 1/25”

NMHealth

New Mexico Vaccines for Children

Attempt to Transfer Prior to Expiration Form

*Do Not print form to complete; click on “Enable Editing” then use the **Tab** key to move between fields and enter your information.*

Providers only need to attempt to transfer vaccines if they have 10 or more doses of expiring vaccines 3 months prior to expiration date.

Do Not Transfer Frozen Vaccines!

Date Submitted:
VFC PIN:
VFC Site Name:
VFC Site Primary or Back-Up Name:
Direct phone number:

Vaccine Type	Number of doses On-Hand	Lot Number	Expiration date

Please submit form to your Regional Coordinator. To locate who your Regional Coordinator(s) are go into NMSIIS/Reports/New Mexico Forms and Documents/VFC Regional Staff Contact

Appendix U. Process Vaccine Returns

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “Return Process – Recently Expired Vaccine”

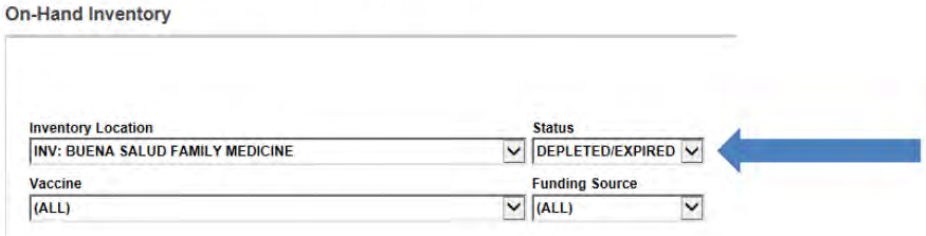
Return Process – *Recently-Expired Vaccine*

The CDC mandates that VFC providers return expired vaccine within six months of the expiration date.
Best practice is to return vaccines as soon as they expire by submitting a return in NMSIIS.

In NMSIIS, go to:

- Inventory
  - Vaccines
    - On-Hand

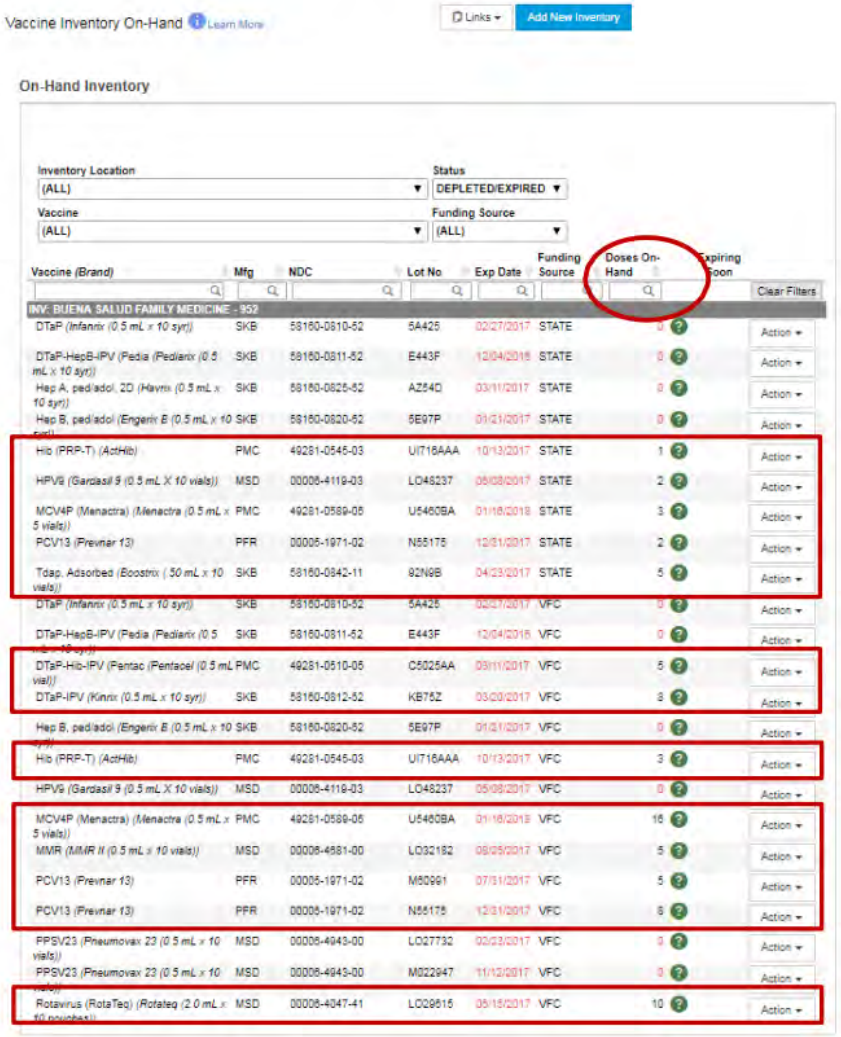
In the ***Status*** dropdown menu, select ***DEPLETED/EXPIRED***



Updated 08-28-2018

1

You will see a list of all your expired vaccines - it looks like this:



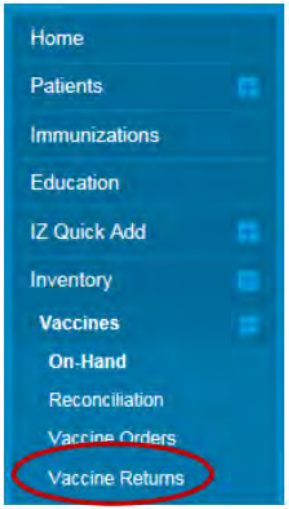
Print this report – this will be your ***Expired Vaccine Checklist*** to help you identify the correct vaccines and complete your expired vaccine return/s in NMSIIS

All vaccines on this report that have a number in black (as opposed to a red **0**) in the ***Doses On-Hand*** column must be returned.

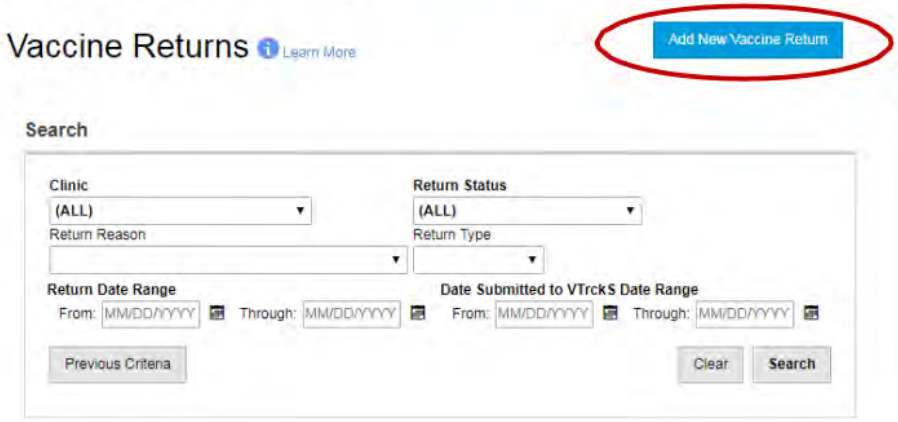
Do a physical count from this list to identify the vaccines and quantities you still have in your storage unit/s

Follow the steps on the next page to create and submit a return for these doses.

1. In NMSIIS select:
   - Inventory
     - Vaccines
       - Vaccine Returns



2. click ***Add New Vaccine Return***

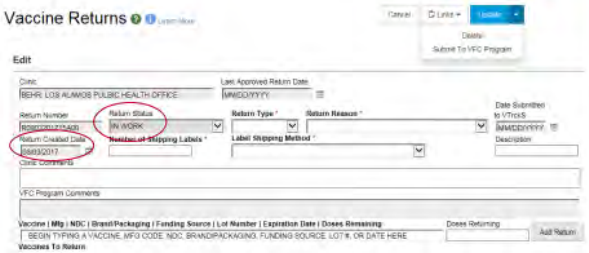


Helpful Hint

Have you ever seen this error when you tried to add a new vaccine return?

This clinic currently has an open vaccine return.

Here's a reminder of how to resolve this and continue creating your expired vaccine return
Click ***OK***
This will take you to the open return with the status ***In Work***



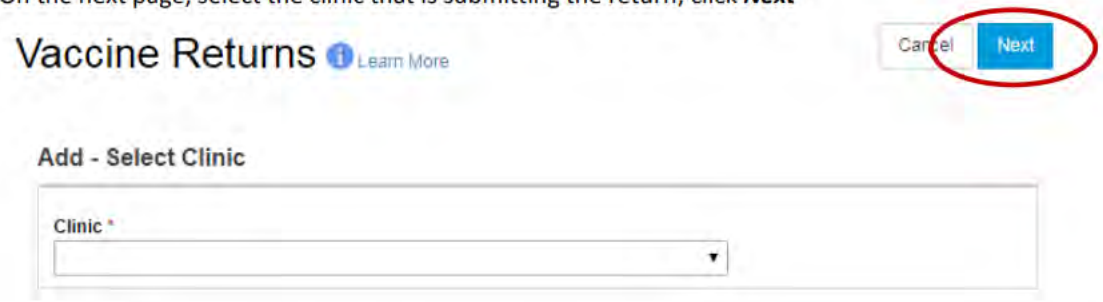
If the ***Return Created Date*** is within the last month, you can add or continue adding expired vaccines to this return:

1. When all expired vaccines have been added, click ***Update***
2. Click the ***drop-down*** next to the *Update* button
3. Click ***Submit to VFC Program*** **(Please Note**: your return will remain in ***In Work*** status indefinitely until you do this)

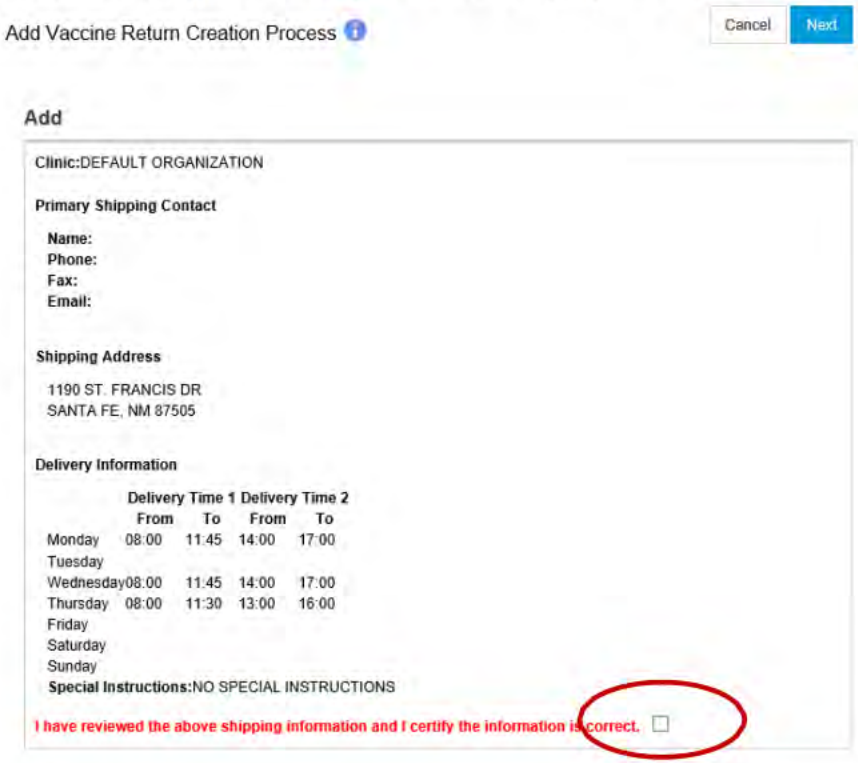
If the ***Return Created Date*** is more than a month ago:

1. If there are any vaccines listed, print the return; if the return is blank, go to step 2
2. Then click the ***drop-down*** next to the *Update* button
3. Click ***delete***
4. Create a new vaccine return and submit it

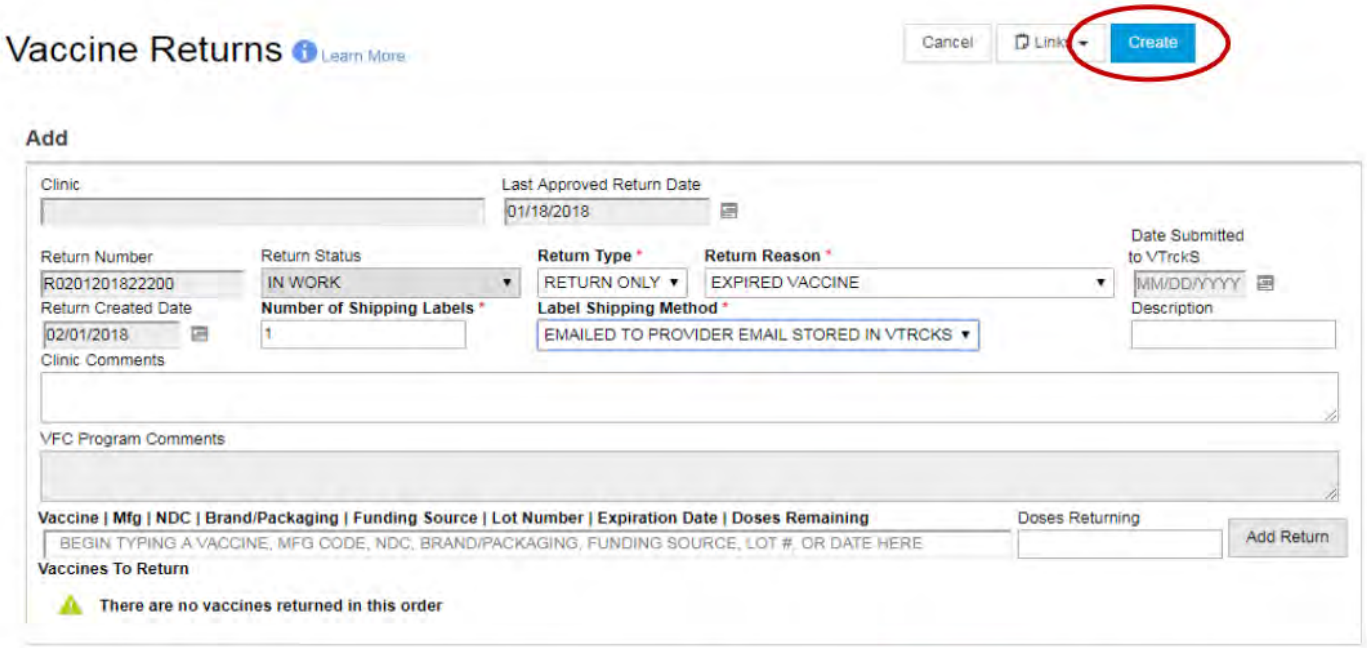
3. On the next page, select the clinic that is submitting the return; click ***Next***



4. ***Review and Certify*** all information on the next screen (make and submit any necessary changes in ***Clinic Tools*** before proceeding)



Check the box to certify; click ***Next***



5. ***Complete a NMSIIS Return***

The ***Vaccine Returns*** screen is now displayed and your selections in the required fields (red asterisk*) should match the screenshot above

Return Type, select Return Only

Return Reason use the drop-down menu and select ***Expired Vaccine***

NOTE: to approve your return for spoiled vaccine we must have a copy of your VFC Troubleshooting Record (TSR)

Number of Shipping Labels, 1 is the usual request; the rule of thumb is one label for each 100 doses being returned

Label Shipping Method, select ***Email to provider email stored in VTRCKS*** - if your email address contains 35 characters or more, or you prefer to receive it in the mail, select ***Mail to provider address stored in VTrckS***

Clinic Comments, this is an optional field but can be helpful – share any additional information you think will help us process your return

5a. Enter the expired vaccine and number of doses to find the vaccine in your inventory, begin typing a vaccine name, NDC, brand, etc. and select the correct item from the list that drops down*

5b. Doses Returning enter the number of doses to be returned; in this case (expired vaccine) this is usually all the doses in your inventory

5c. Add Return click this button for each line item you enter

*If the vaccine you are looking for is not appearing on this drop-down, mark it on your Expired Vaccine Checklist and go to the next item on the list. You will follow the instructions for returning these vaccines (see page 7) when you have completed and submitted this return.
Repeat steps 5a-5c for each vaccine to be returned
When all vaccines have been added, click ***Create*** on the right side of the screen
On the right side of the screen, click on the drop-down arrow next to Update, and click on ***Submit to VFC Program***

6. ***Print*** your completed NMSIIS Return
   On the right side of the screen, click on ***Links***
   Click on ***Vaccine Return Details***
   A ***Vaccine Return Detail Report*** will generate; ***print 2 copies***, place one in the box with the returned vaccines and keep the other in your files.

7. ***Return*** the expired vaccines
   When you receive the return label, place it on the box of vaccines to be returned, making sure there is a copy of the Vaccine Detail Report in the box. **NOTE:** The types and doses of vaccines listed on the return ***must match exactly*** what is contained in the box of returned vaccine.

Appendix V. Returning Opened Multidose Vials of COVID-19

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “COVID-19 Returning 3 dose Vials”

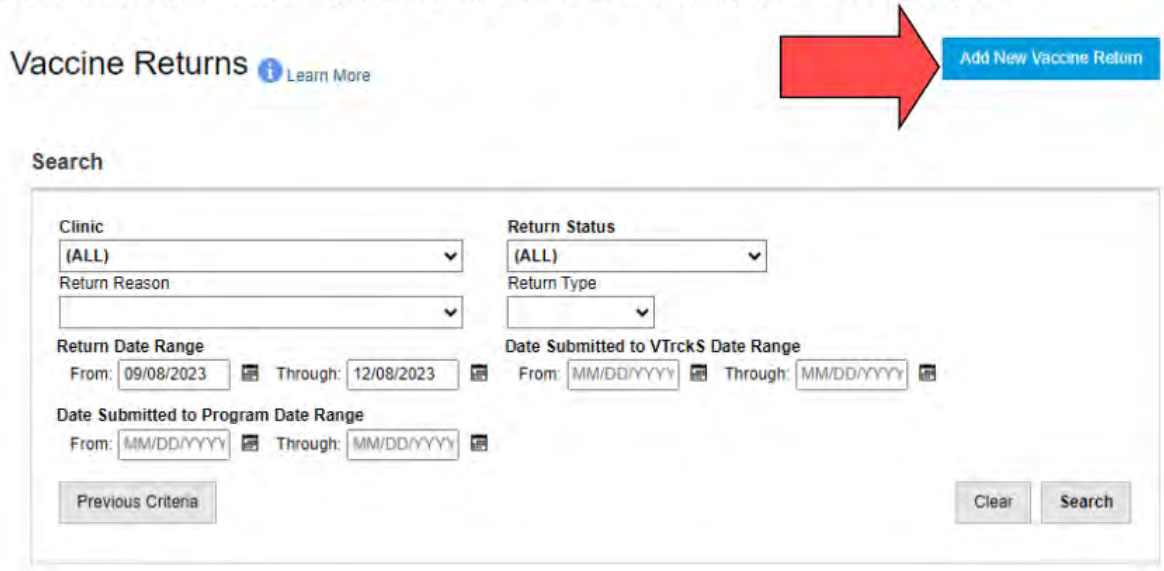
Returning Opened Multidose Vials of COVID-19

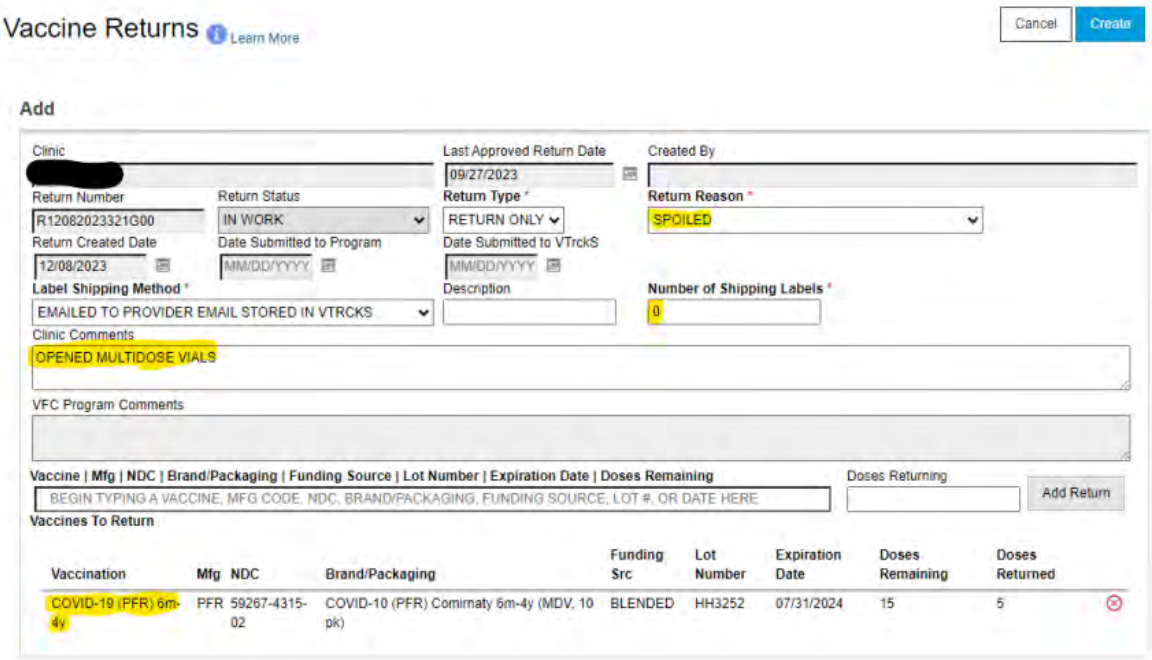
Pfizer’s 2023-2024 Pfizer BioNTech Multiple-dose vial is supplied with three, 0.3 mL doses, with a yellow cap and yellow label.

After the first puncture of use, the remaining vaccine in the vial is viable for up to 12 hours.

After the 12-hour window has passed, the vial should be disposed of safely in the biohazard, and the unused vaccine returned in NMSIIS as SPOILED:

Create a new vaccine return by clicking the BLUE ADD NEW VACCINE RETURN BUTTON





The Return Reason should be SPOILED

You will request 0 labels – the vaccines are being reported and removed from your inventory. You will dispose of the vials in your biohazard.

In the clinic comments box, put the comment OPENED MULTIDOSE VIALS

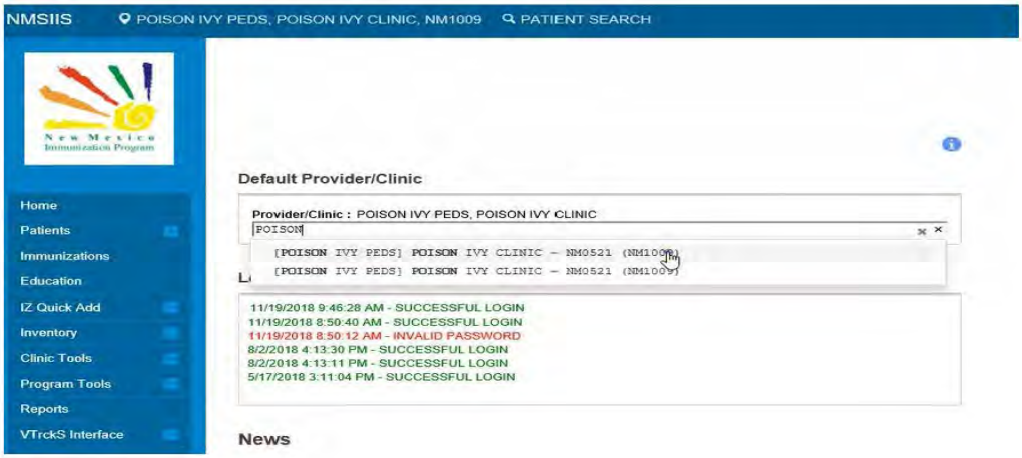
Click the blue CREATE box, then SUBMIT TO VFC PROGRAM to complete the return.

Appendix W. Inventory Wastage Guide

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Vaccine Wastage How-to"

Inventory Wastage Guide

Before you begin make sure you click on the correct provider and clinic on the home screen



Next click *Inventory* to expand the menu

1

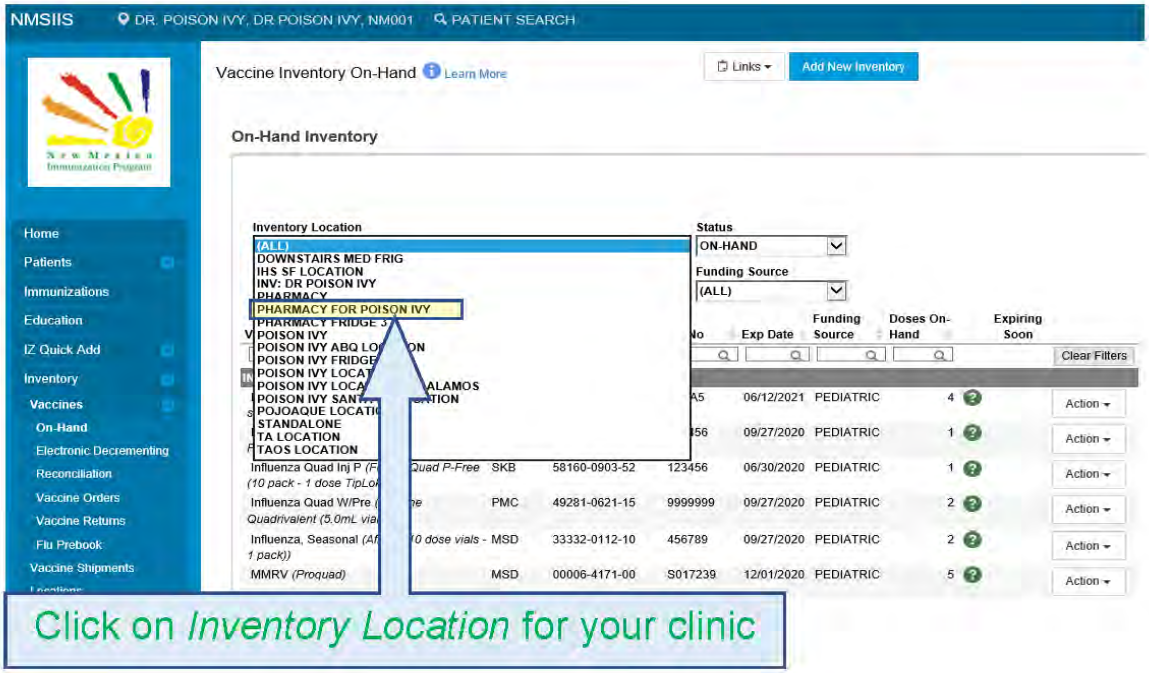
Click *Vaccines* to expand the menu

2

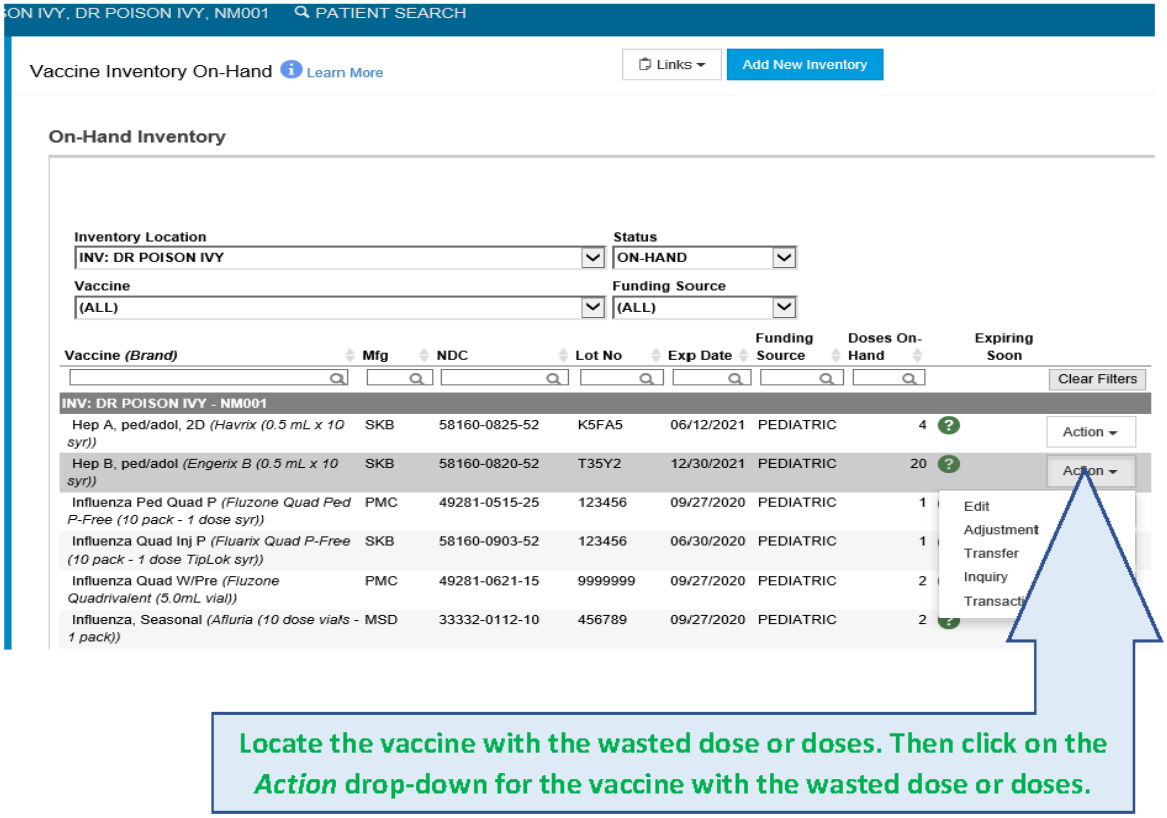
Click on *On-Hand* to navigate to the vaccine inventory on-hand

3

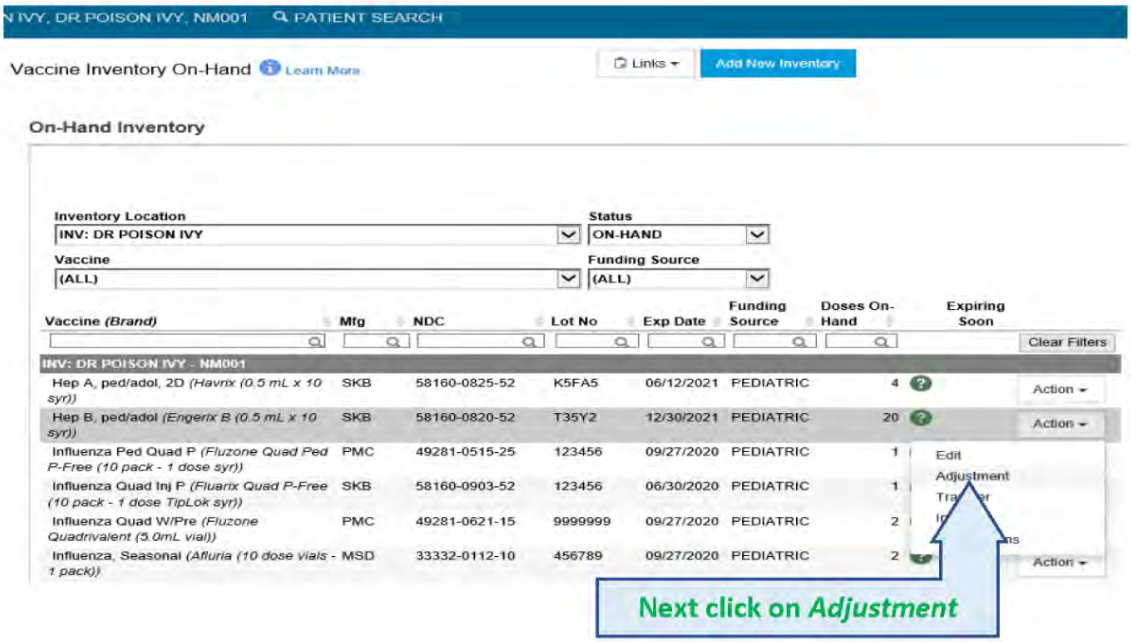
Click on the *Inventory Location* for your clinic



Locate the vaccine with the wasted dose or doses.
Then click on *Action* drop-down for the vaccine with wasted dose or doses

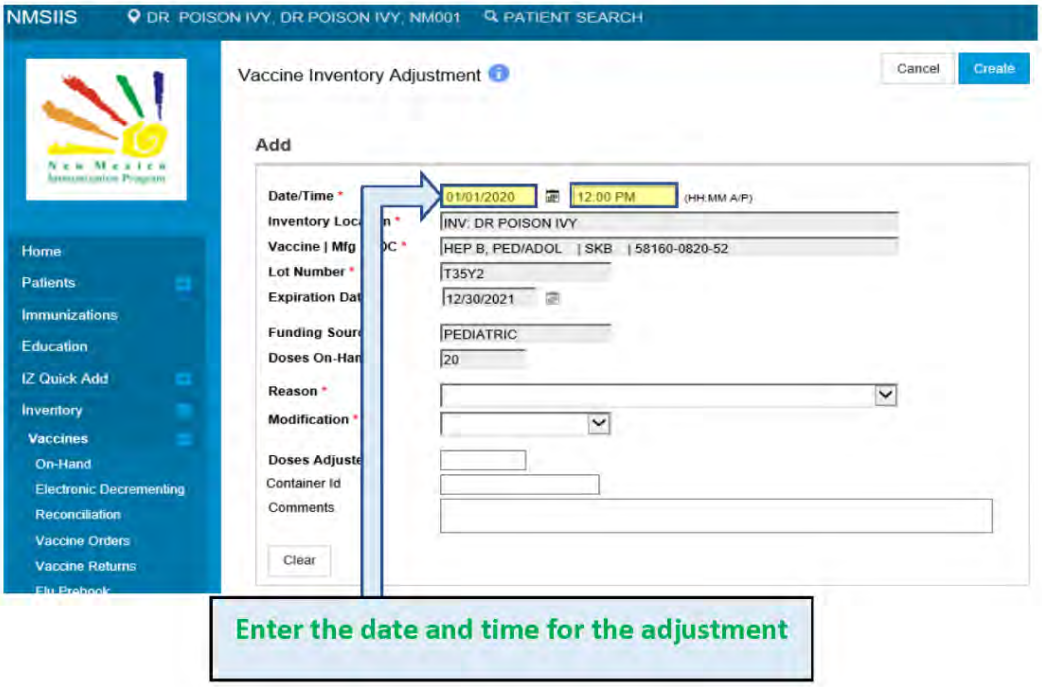


Next click on *Adjustment*



Enter the *Date and time* for the adjustment

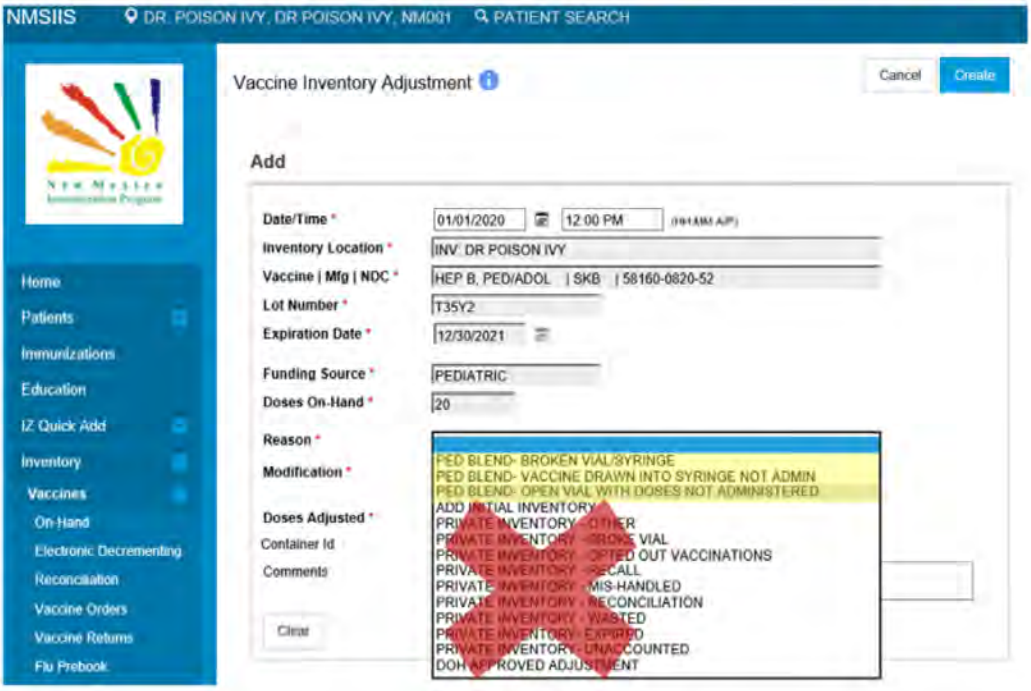
Note: All adjustments must be entered prior to physical count for reconciliation. By doing all adjustments prior to physical count the adjustment will fall within your reconciliation time frame.



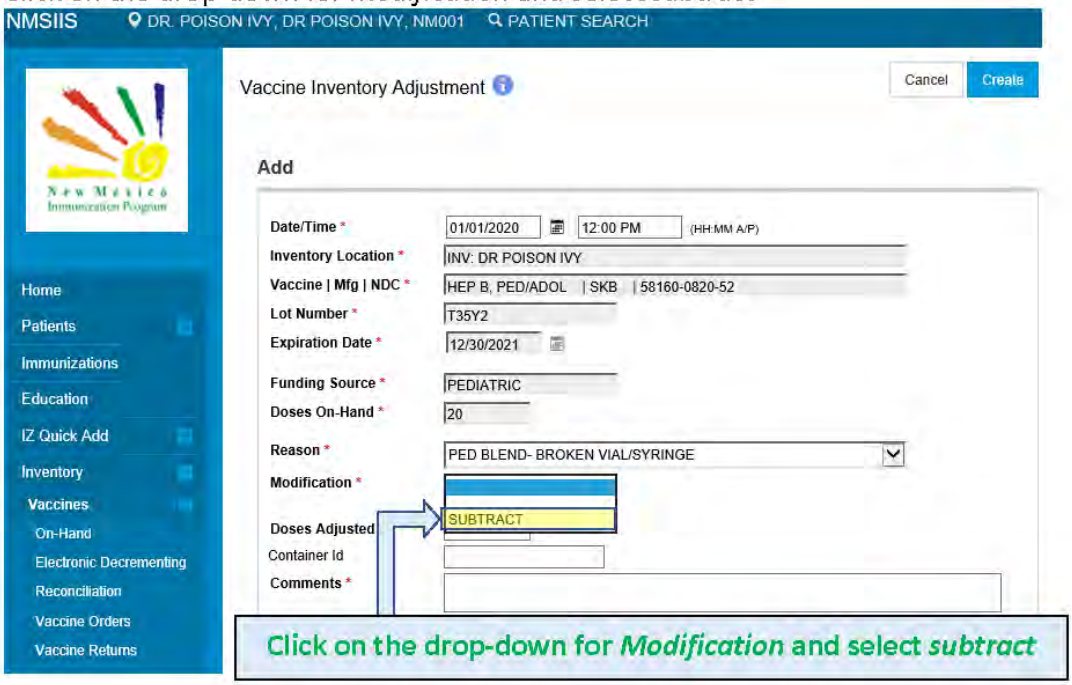
On the *Reason* drop-down the only reasons that should ever be chosen for VFC vaccines are any of the first three options reading "PED BLEND" for the wasted vaccine.

No other options should ever be used.

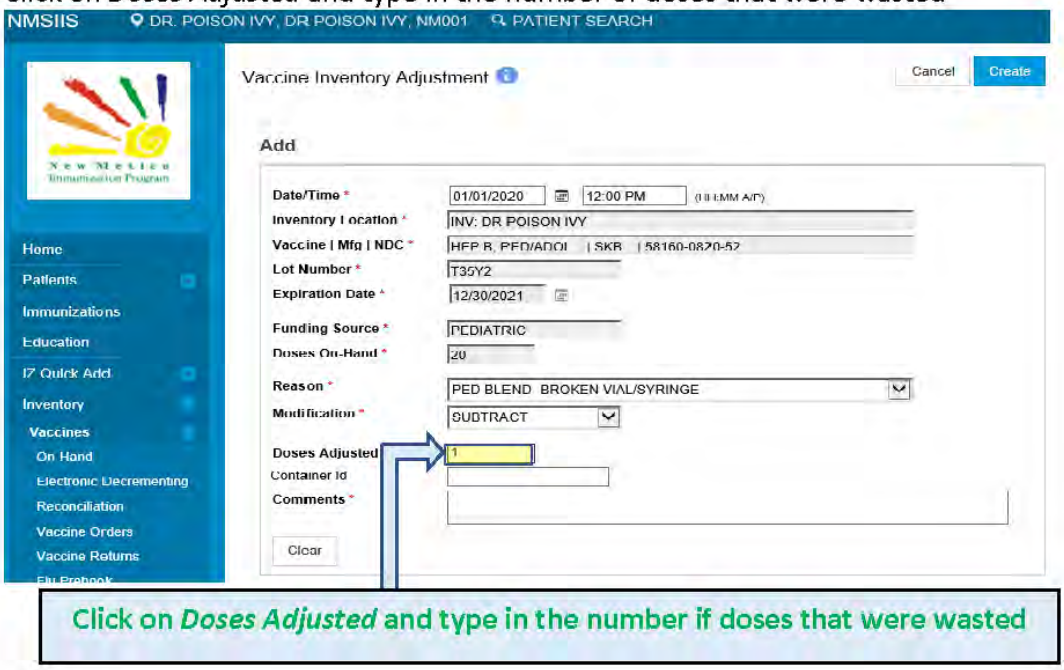
Note: The option Private Inventory is only for those providers that still reconcile their privately purchased Inventory.



Click on the drop-down for *Modification* and select *subtract*



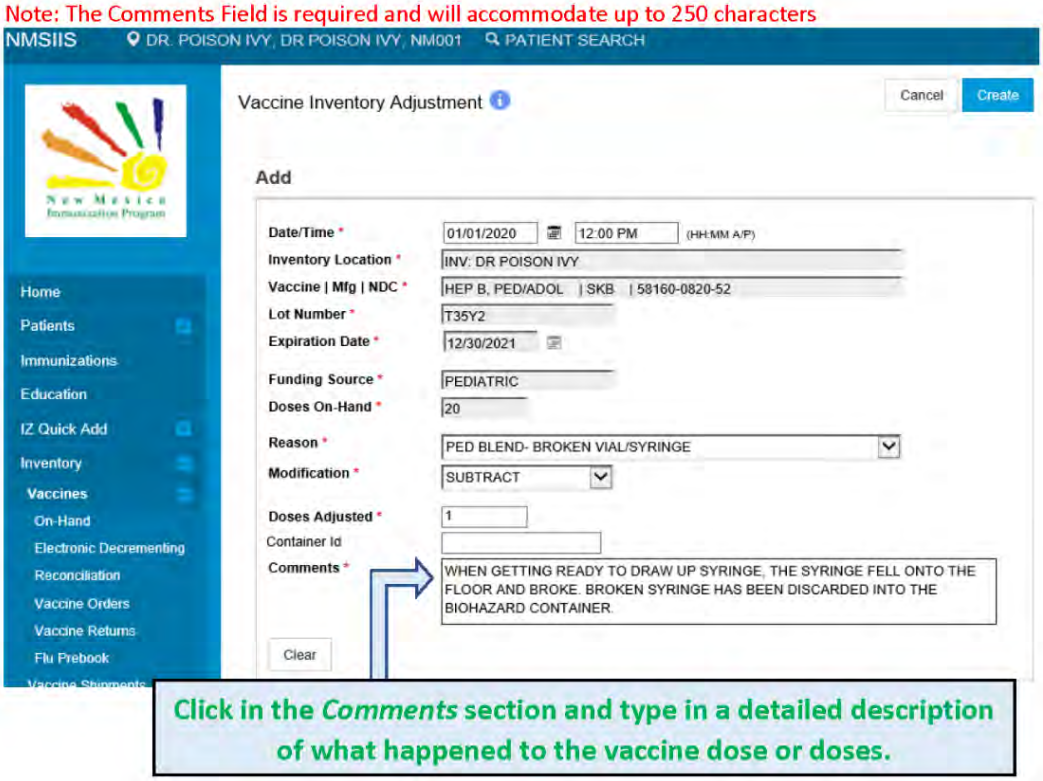
Click on *Doses Adjusted* and type in the number of doses that were wasted



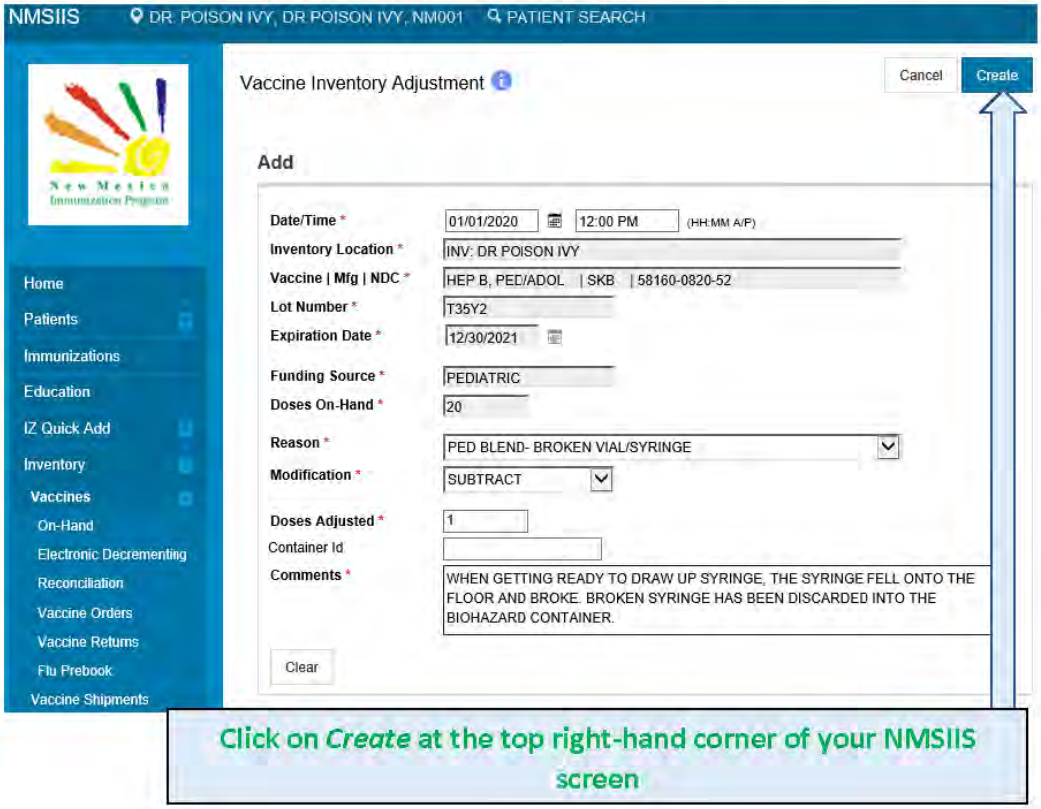
On your *Vaccine Inventory Adjustment* all the fields must be completed except for *Container ID – this field will be left blank*

Click in the *Comments* section and type in a detailed description of what happened to the dose or doses

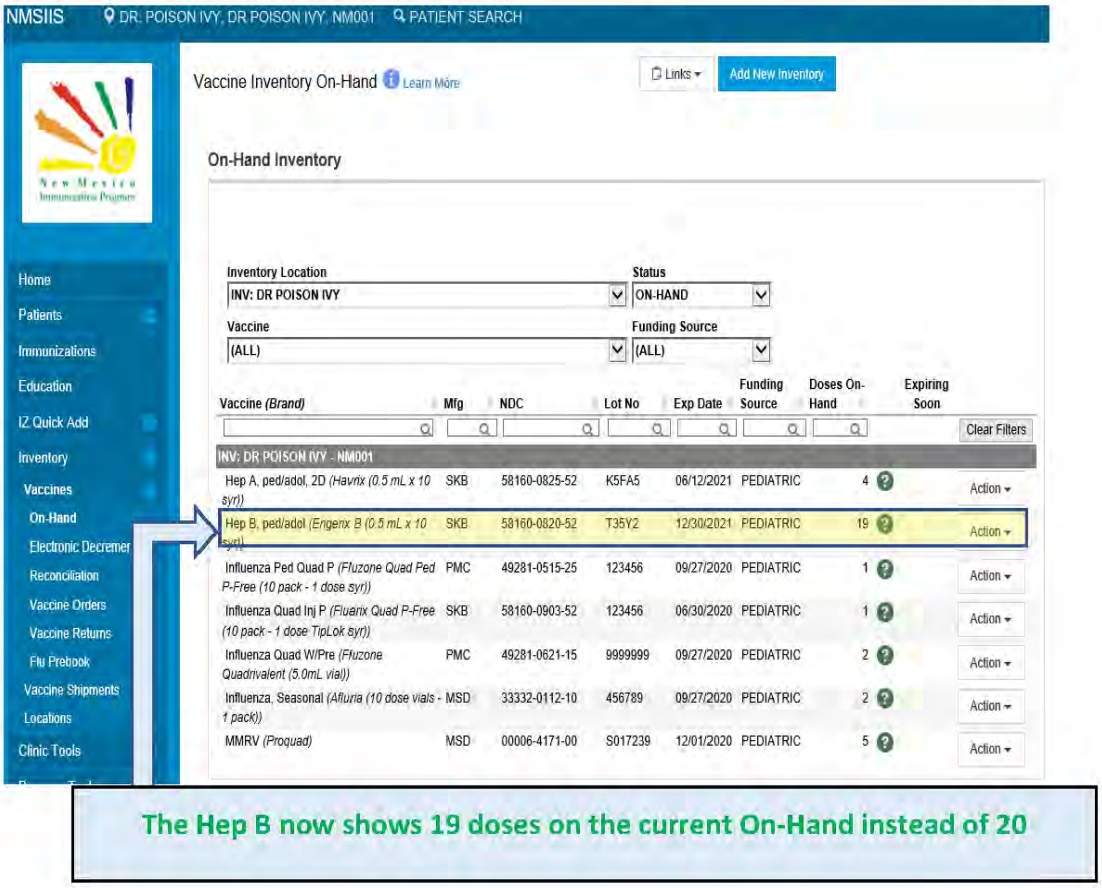
Note: The Comments Field is required and will accommodate up to 250 characters



Once all the fields have been completed for the Vaccine Inventory Adjustment (except for Container Id) click on *Create* at the top right-hand corner of your screen



NMSIIS will now take you back to your *On-Hand Inventory* screen, and you will be able to see that the wasted dose or doses were adjusted off your On-Hand Inventory. No further action for the wasted dose or doses is needed after the adjustment has been successfully created.



The Hep B now shows 19 doses on the current On-Hand instead of 20

Appendix X. Reconciliation Process User Guide

To download the most current guide, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Reconciliation Process"

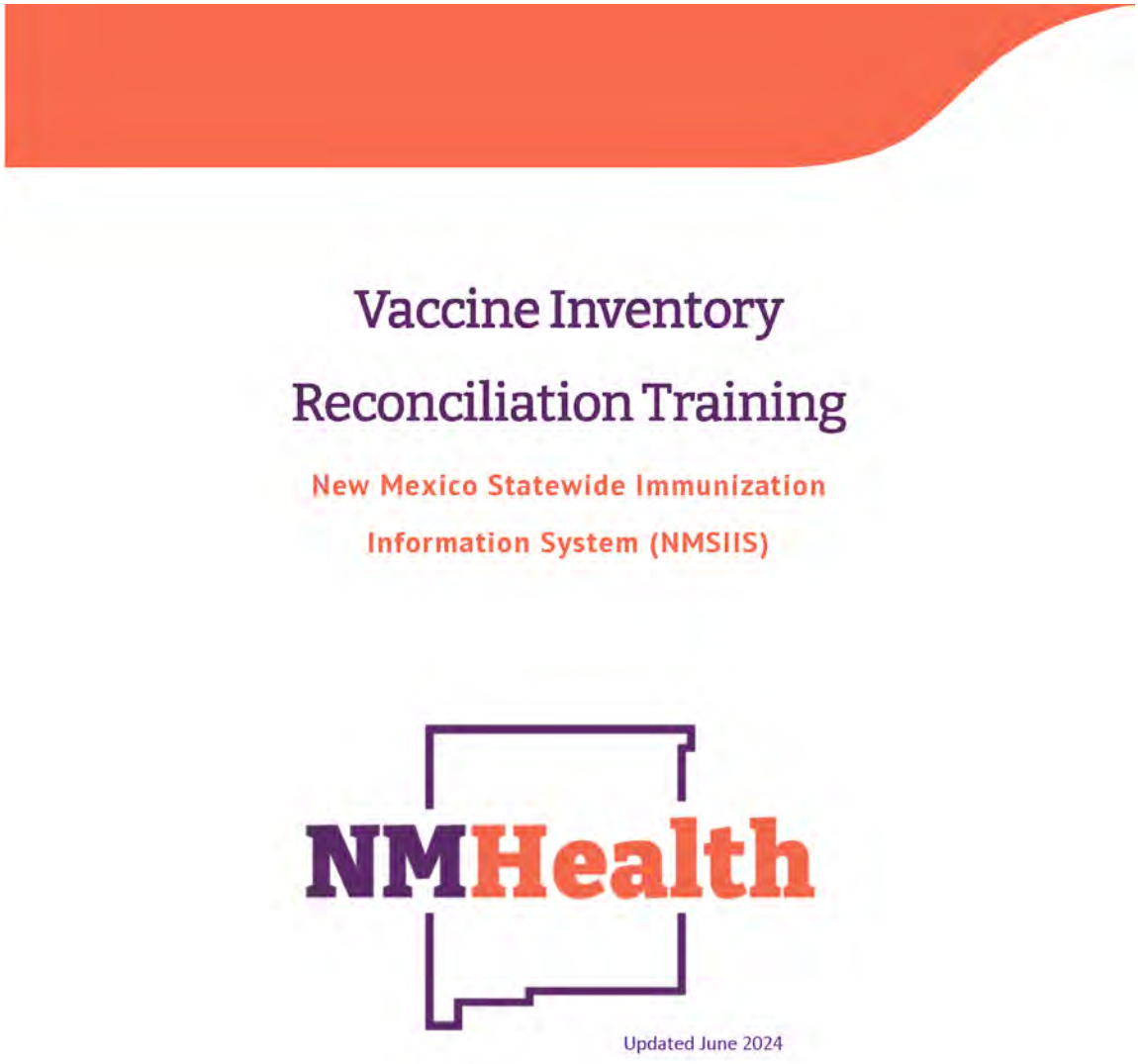


Table of Contents

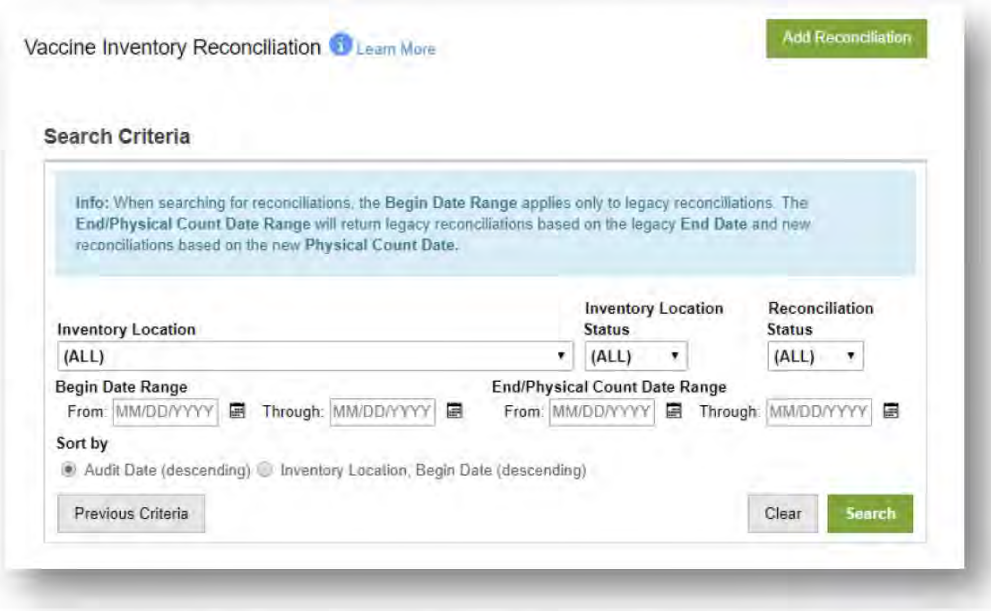
Overview

This document outlines the steps an end user must take to complete their reconciliations in the new reconciliation process. This document will refer to the previous reconciliation process as "legacy" and the new process as "new".

Complete a Reconciliation

Reconciliation Search Page

- Navigate to the **Inventory Module**, select **Vaccines** and select **Reconciliation**.
- The new version of the *Vaccine Inventory Reconciliation Search Criteria* page will be displayed**.**
    - A blue info bar will be displayed above the Search Criteria with the following text:
        - Info: When searching for reconciliations, the **Begin Date Range** applies only to legacy reconciliations. The **End/Physical Count Date Range** will return legacy reconciliations based on the legacy **End Date** and new reconciliations based on the new **Physical Count Date**.

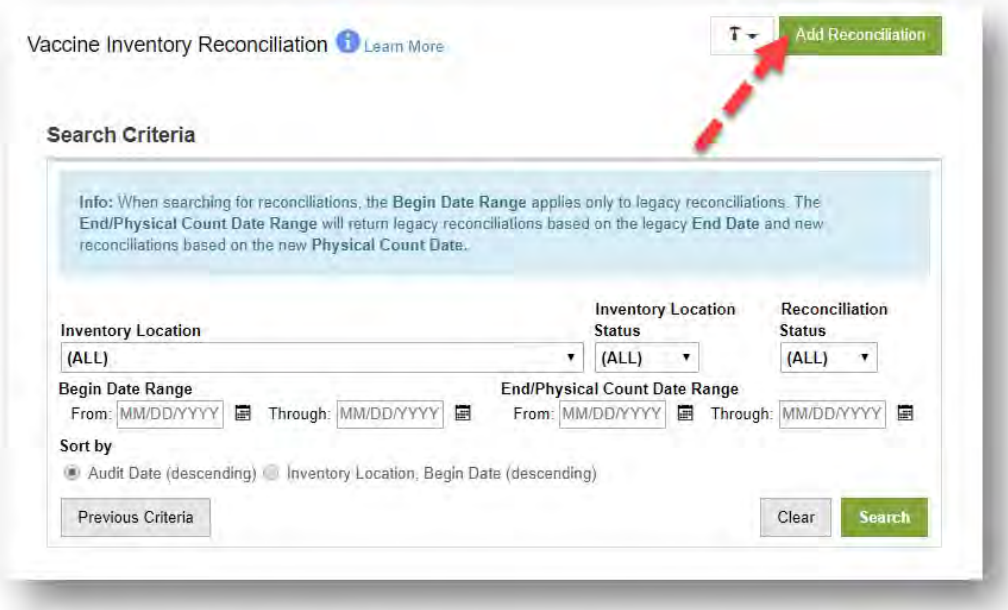


    - Tip: To quickly view a list of all reconciliations, do not enter any **Date Range** criteria and select **Search.**

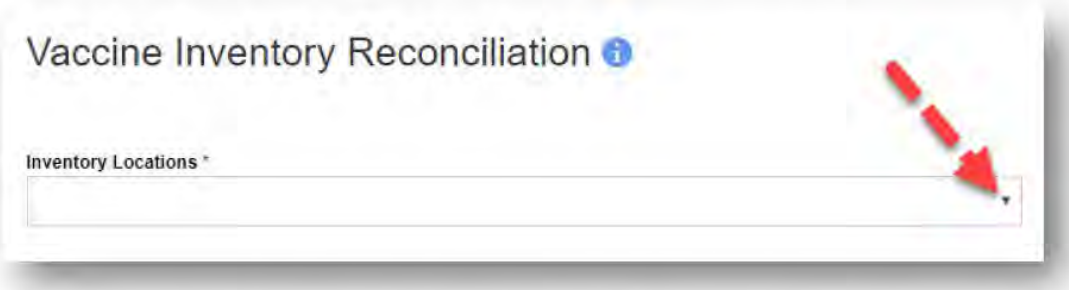
Reconciliation Create Page

- Navigate to the **Inventory Module**, select **Vaccines**, and select **Reconciliation**.
- The new version of the *Vaccine Inventory Reconciliation Search Criteria* page will be displayed.

- Select **Add Reconciliation**.



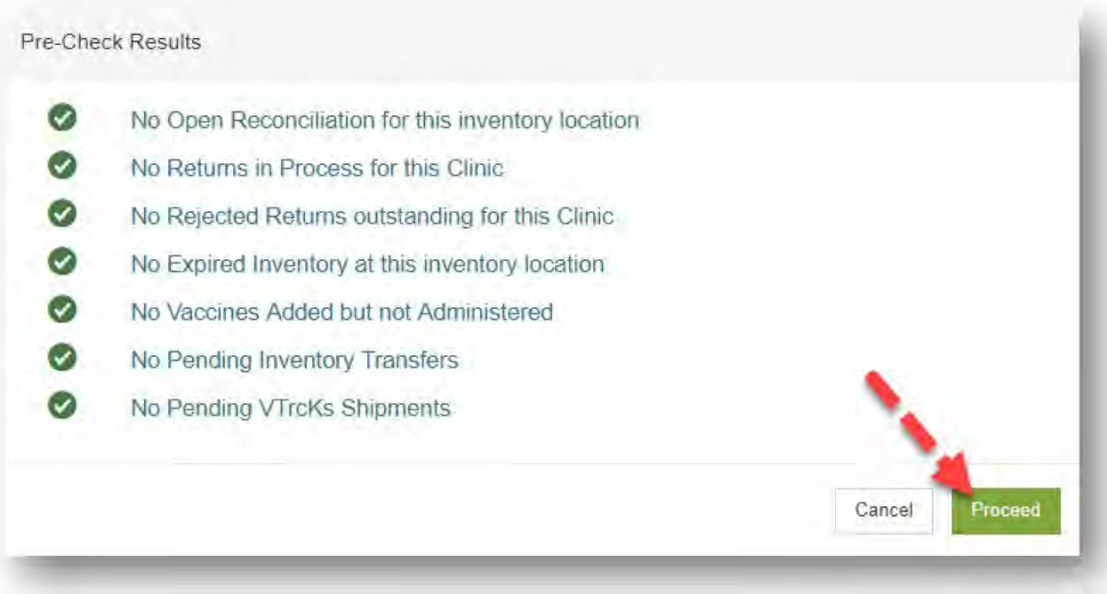
- The system will navigate to the *Vaccine Inventory Reconciliation* page to select an **Inventory Location**.
- From the dropdown list, select the **Inventory Location** that will be reconciled.



- After selecting the **Inventory Location** that will be reconciled, the *Pre-Check Results* modal will appear dynamically.
- For the selected **Inventory Location**, the *Pre-Check Results* modal will display the results from the following 7 pre-checks:
  - Open Reconciliations
  - Returns in Process
  - Outstanding Rejected Returns
  - Expired Inventory
  - Vaccines Added but not Administered

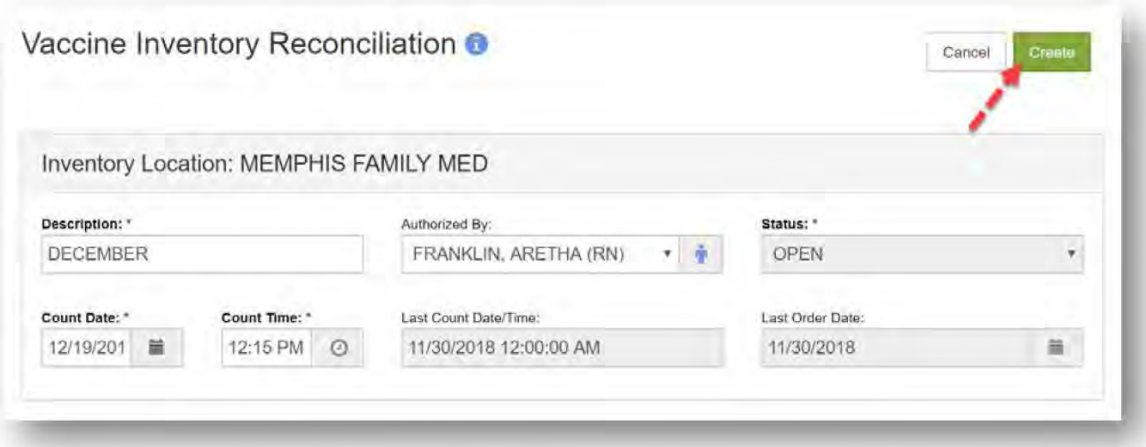
- Pending Inventory Transfers
- Pending VTrcKs Shipments

- Once all pre-checks pass (denoted by the green check mark icon), select **Proceed**.
  - Note: The option to select **Proceed** will not appear until all pre-checks have passed.



- Note: Pre-Check specifications are located in the Pre-Check Specifications section of this user guide.
- After selecting **Proceed**, the system will navigate to the next page, requiring entry of the following fields:
  - **Description**
    - Enter a description that best describes the reconciliation.
  - **Authorized By**
    - From the drop down list, Select the name of the user that is completing the reconciliation.
    - Selecting the user icon next to the field will insert the currently logged in user's name.
  - **Count Date**
    - Enter the date that the count occurred.
    - The date cannot be a future date.
    - The date must be after the previous reconciliation count date.
  - **Count Time**
    - Input the time that the count occurred.

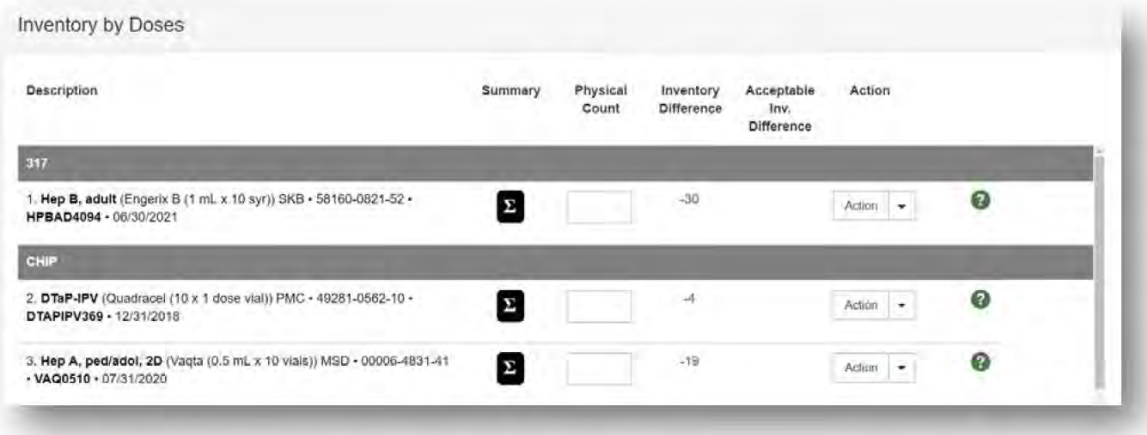
After the required data has been entered, select **Create**, located in the upper right corner of the *Vaccine Inventory Reconciliation* page.



- After selecting **Create**, the *Inventory Reconciliation* will be created with a *Status* of OPEN.

Inventory by Doses Reconciliation Count

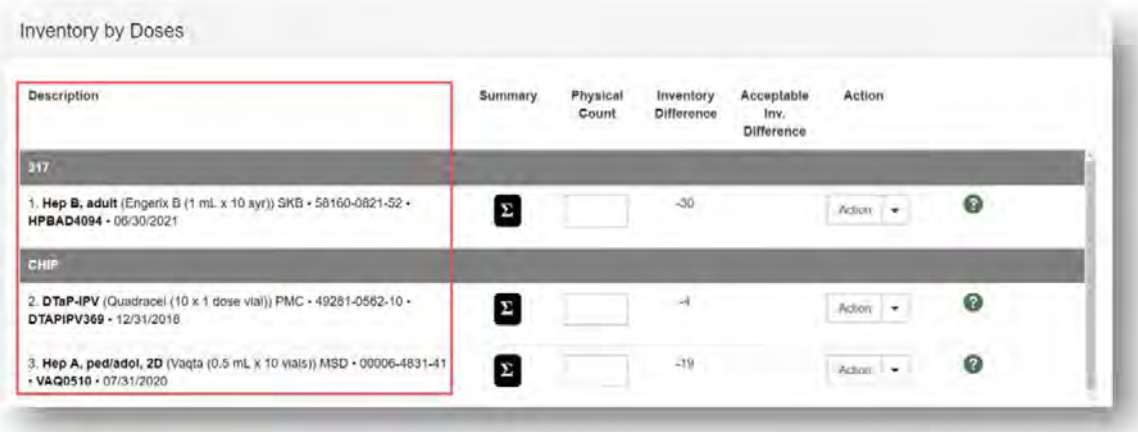
- Now that the inventory reconciliation has been created, the system will expand the *Vaccine Inventory Reconciliation* page to show the *Inventory by Doses* section of the page.



Description

- Each inventory item for the specified **Count Date** and **Time** period will be displayed with the following:
    - **Assigned row number**

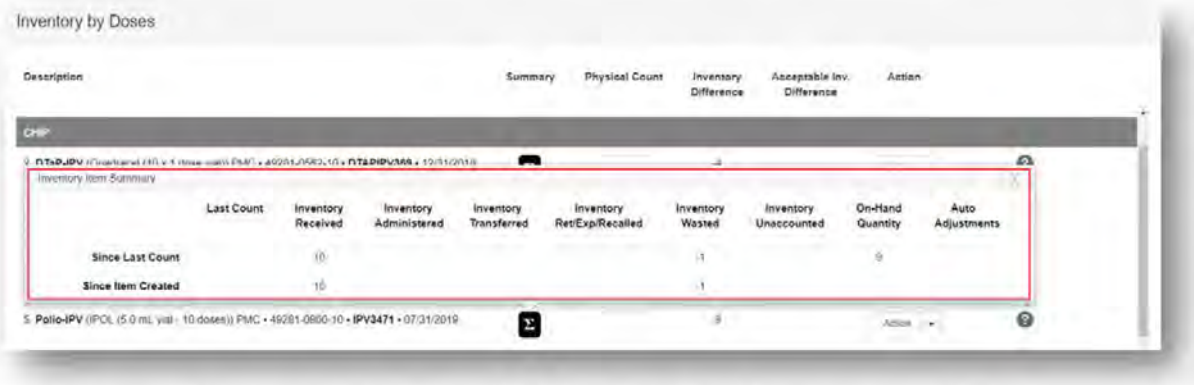
- **Vaccine (Brand)**
- **Manufacturer**
- **NDC**
- **Lot Number**
- **Expiration Date**



- Note: Gray sub header bars will separate listed inventory items by **Funding Source**.

Summary

- A summary icon (denoted by the black capital Greek sigma icon Σ) will display for each inventory item.



- Hover over the summary icon to reveal the *Inventory Item Summary* pop-up that contains the following:
  - **Last Count**
  - **Inventory Received**

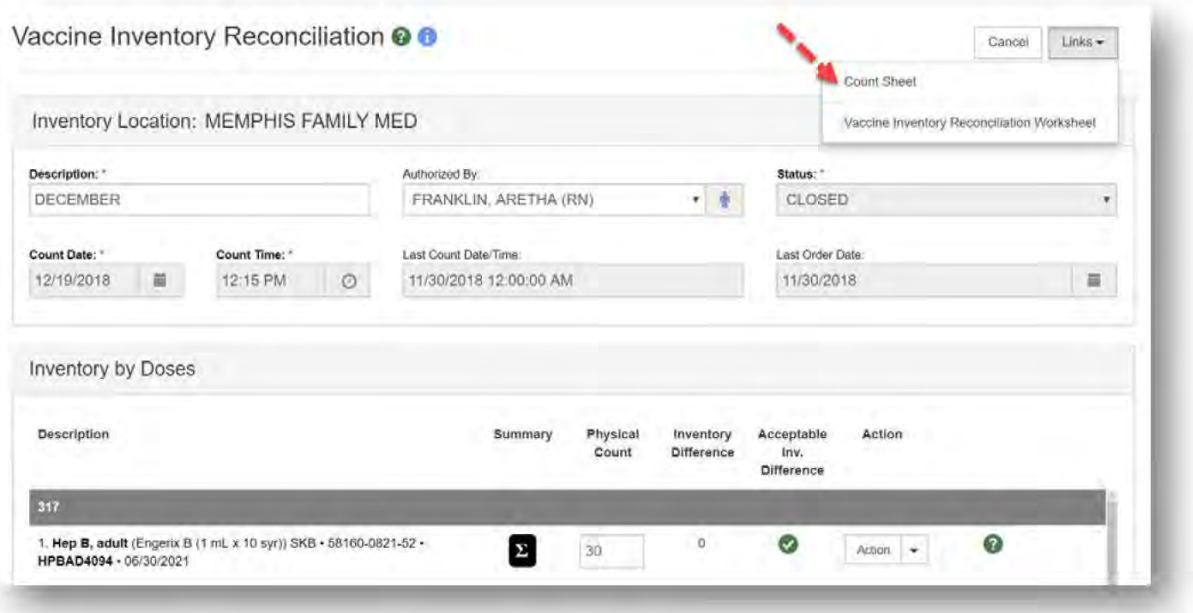
- **Inventory Administered**
- **Inventory Transferred**
- **Inventory Returned, Expired, and/or Recalled**
- **Inventory Wasted**
- **Inventory Unaccounted For**
- **On-hand Quantity**
- **Auto Adjustments**

Physical Count

- Input the number of physical doses counted for each inventory item listed in the open *Vaccine Inventory Location*.

- The *Physical Count* cannot be a negative number; it must be a zero or a positive number.
- To assist with the *Physical Count*, the **Count Sheet** report is available.
  - Select the **Links** button located in the upper right corner of the *Vaccine Inventory Reconciliation* page.

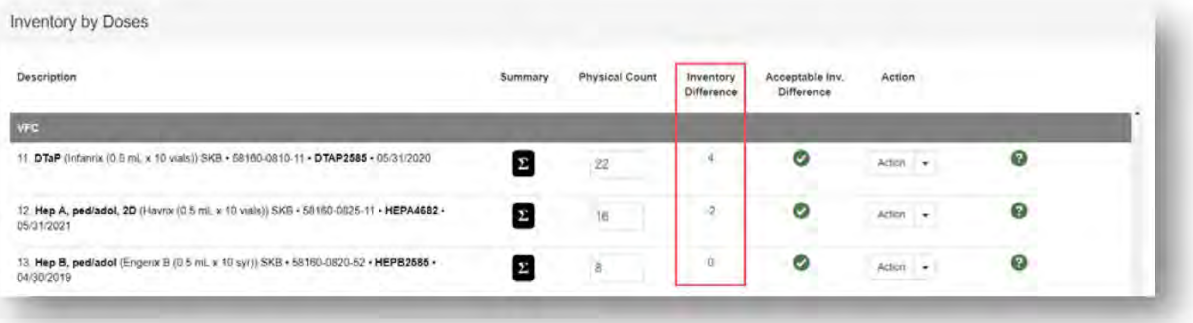
[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]



- From the dropdown menu, select **Count Sheet**.
- The **Count Sheet** report will open in a pop up window as a PDF.
- Print the **Count Sheet** and take it to the storage unit to document the physical counts.
- Input the documented physical counts in the *Physical Count* column of the reconciliation.

Inventory Difference

- Once a *Physical Count* has been entered and the **Update** button has been selected, the *Inventory Difference* (a read-only field) will calculate the difference between the number of starting on-hand doses, all transactions from the *Summary*, and the currently entered *Physical Count*.

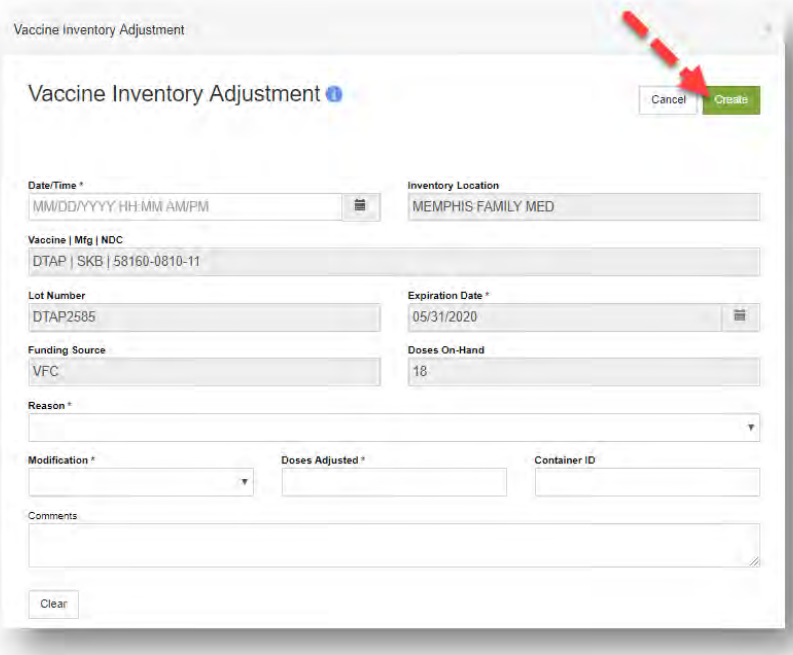


- The *Inventory Difference* can be a negative or positive number.

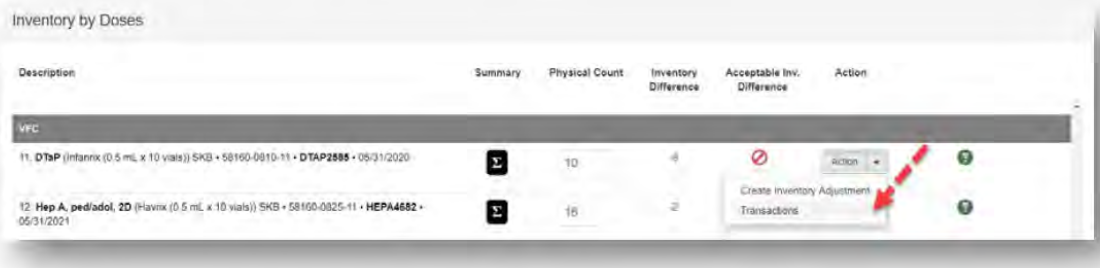
Acceptable Inventory Difference

- If the *Inventory Difference* is under the allowable threshold set by the local jurisdiction, a green check mark icon will appear (), meaning the *Acceptable Inventory Difference* has been met.
- If the *Inventory Difference* is over the allowable threshold set by the local jurisdiction, a red stop icon will appear (), meaning the *Acceptable Inventory Difference* has not been met.

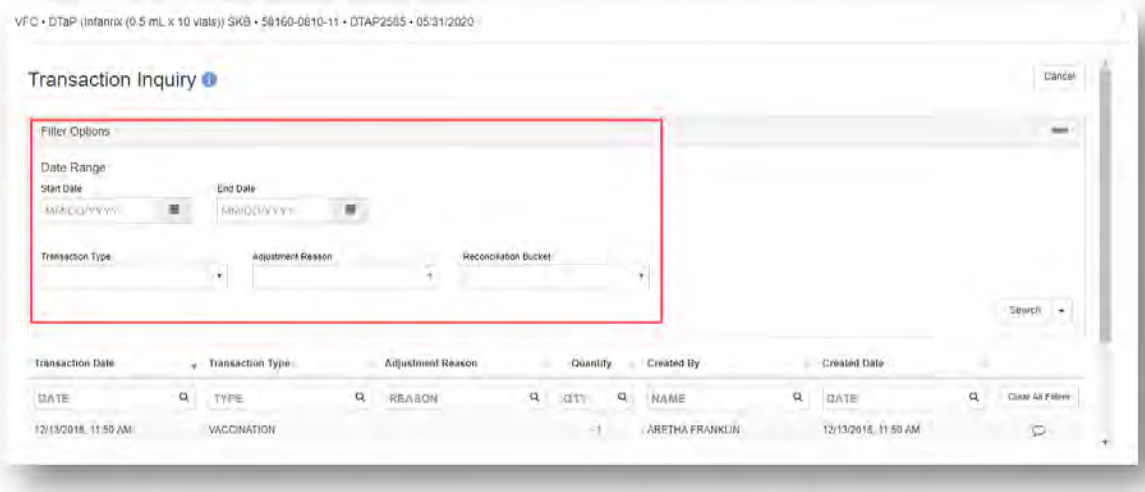
  - The *Acceptable Inventory Difference* has to be met prior to finalizing and closing the reconciliation. NMSIIS will not allow the reconciliation to be finalized and closed.



- Select **Action** to complete the following task:
  - **Transactions** – To review the complete history of all transactions for the selected inventory item.
    - Select **Transactions**.



- A *Transaction Inquiry* modal will appear dynamically.

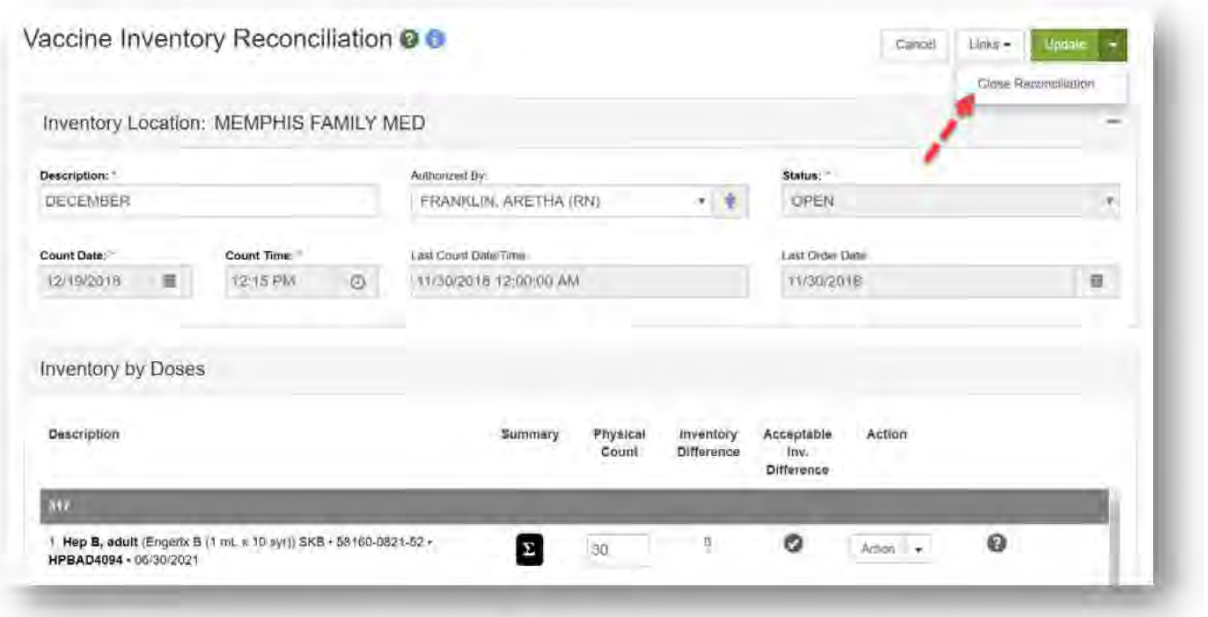


- The following filter options can be used to search, sort, and manage the transactions for the selected inventory item.
    - **Start Date**
    - **End Date**
    - **Transaction Type**
    - **Adjustment Reason**
    - **Reconciliation Bucket**
- **Transactions** can be used to determine and reconcile inaccuracies for the selected inventory item.

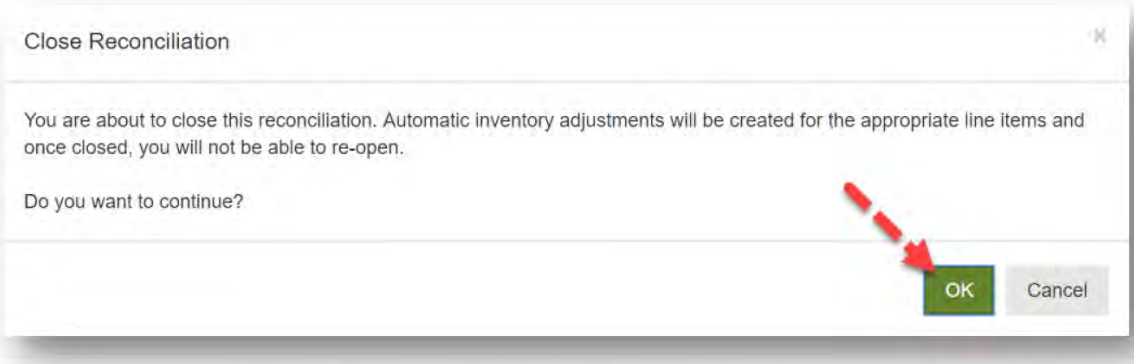
Close the Reconciliation

Please Note: Once a Reconciliation has been closed it <u>cannot</u> be re-opened.

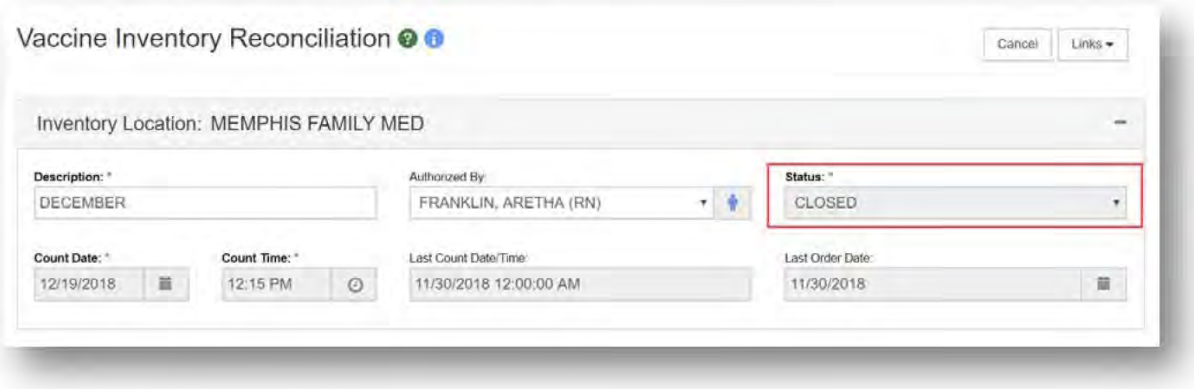
- Once all the inventory items have been counted and there is no additional work to be done with the reconciliation, the reconciliation is ready to be closed.
- To close the reconciliation, click the down arrow of the split action **Update** button in the upper right corner of the screen. Because Reconciliations can not be re-opened to make corrections. Please ensure there are no unresolved inventory issues or questions and that the inventory physical count matches the exact quantities in the on-hand inventory before proceeding.
- If there are unresolvable issues or unsure that the Reconciliation is ready to be closed, Do Not proceed and contact the Immunization Help Desk. There is no negative impact to leaving a Reconciliation opened while seeking issue resolution through help desk.



- Select **Close Reconciliation**.
  - The **Close Reconciliation** modal will appear dynamically with a confirmation message.
  - To go back and not proceed with closing the reconciliation, select **Cancel**.
  - To continue, select **OK**.



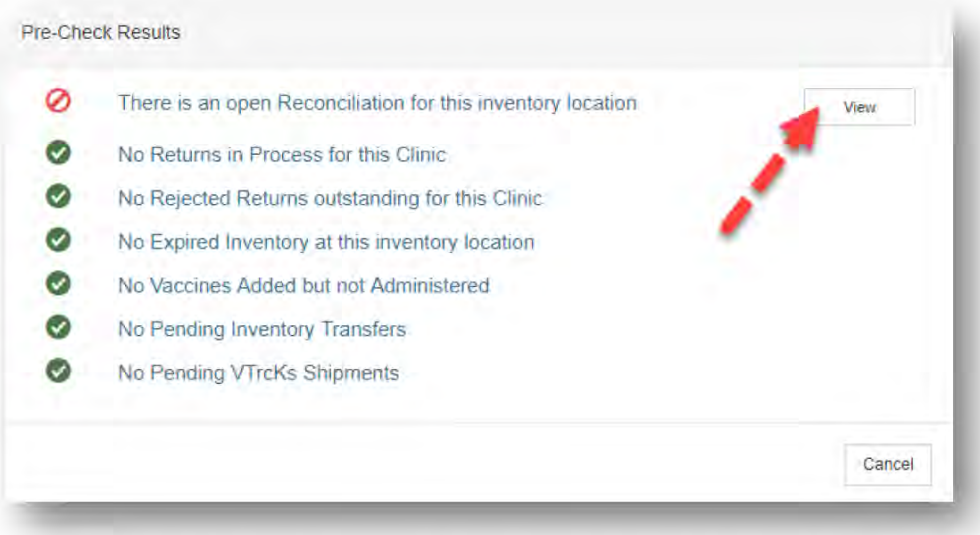
- After selecting **OK**, the system will return to the *Vaccine Inventory Reconciliation* page and it will be noted that the **Status** of the reconciliation is **Closed**.



Pre-Check Specifications

Open Reconciliations

- If the selected **Inventory Location** does have an open reconciliation, a red stop icon (⊘) will display along with a **View** button.
  - Select the **View** button to navigate to the open reconciliation.

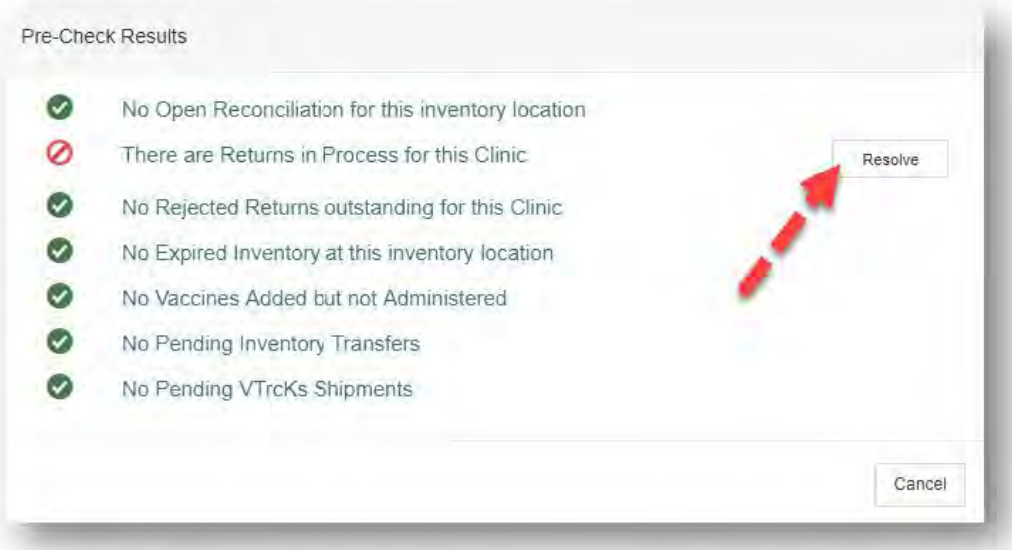


- All previously open reconciliations have to be updated and closed before proceeding with the creation of the new reconciliation.
- Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.

- If the selected **Inventory Location** does not have an open reconciliation, a green check mark icon (✔) will display.

Returns in Process

- If the selected **Inventory Location** does have a return with a status of ***In Work***, a red stop icon (⊘) will display along with a **Resolve** button.
  - Select the **Resolve** button to navigate to the *Vaccine Returns* page.

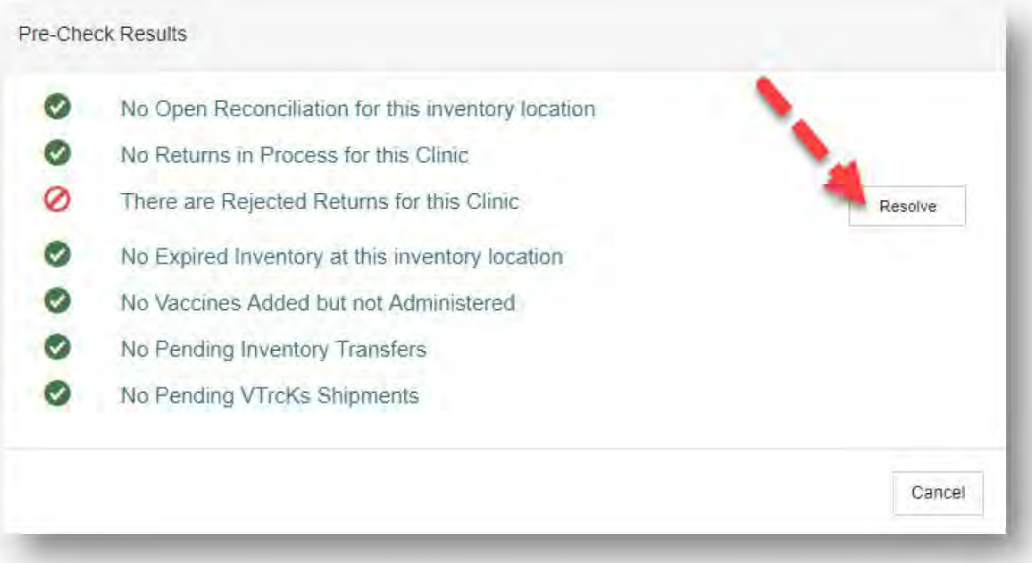


- All returns must be submitted before proceeding with the creation of the new reconciliation.
- Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.

- If the selected **Inventory Location** does not have a return with a status of **In Work** or **Submitted for Approval**, a green check mark icon (✔) will display.

Outstanding Rejected Returns

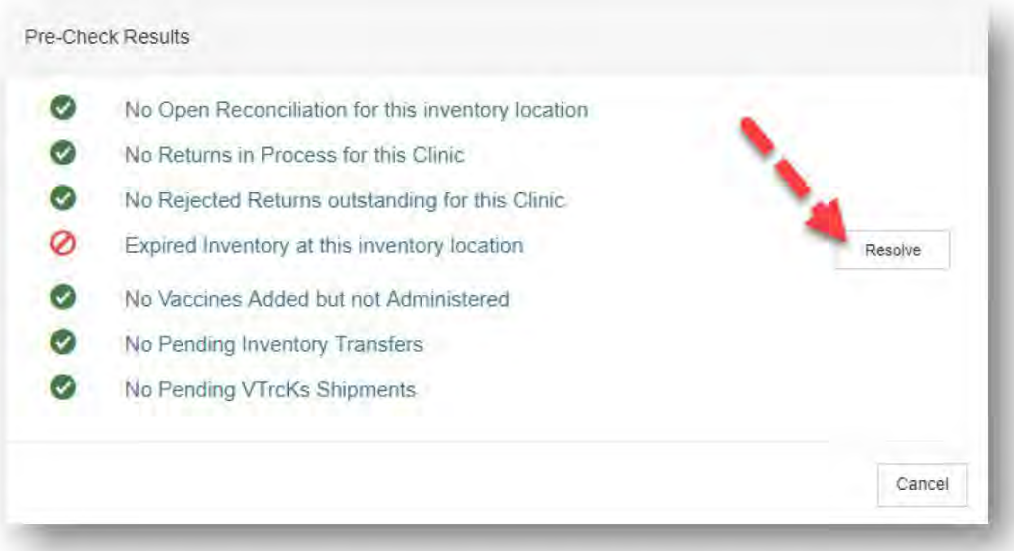
- If the selected **Inventory Location** does have a return with a status of **Rejected**, a red stop icon (⊘) will display along with a **Resolve** button.
    - Select the **Resolve** button to navigate to the *Vaccine Returns* page.



    - All rejected returns must be deleted before proceeding with the creation of the new reconciliation.
    - All IN-WORK returns must be either submitted to the Vaccines for Children Program or deleted prior to creating a new Reconciliation.
    - Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.
- If the selected **Inventory Location** does not have a return with a status of **In-Work Rejected**, a green check mark icon (✔) will display.

Expired Inventory

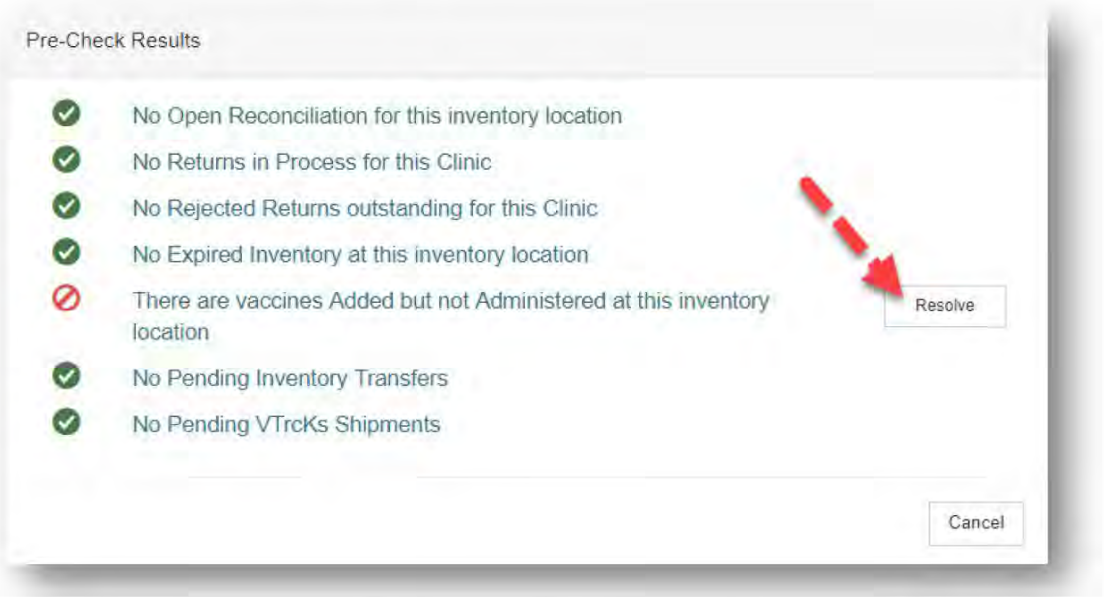
- If the selected **Inventory Location** does have inventory on hand with an expiration date prior to the current day's date, a red stop icon (⊘) will display along with a **Resolve** button.
    - Select the **Resolve** button to navigate to the *Vaccine Returns* page.



    - All inventory with an expiration date prior to the current day's date must be resolved before proceeding with the creation of the new reconciliation.
        - To resolve expired inventory, submit a vaccine return and/or make inventory adjustments.
    - Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.
- If the selected **Inventory Location** does not have inventory on hand with an expiration date prior to the current day's date, a green check mark icon (✔) will display.

Vaccine Added but not Administered

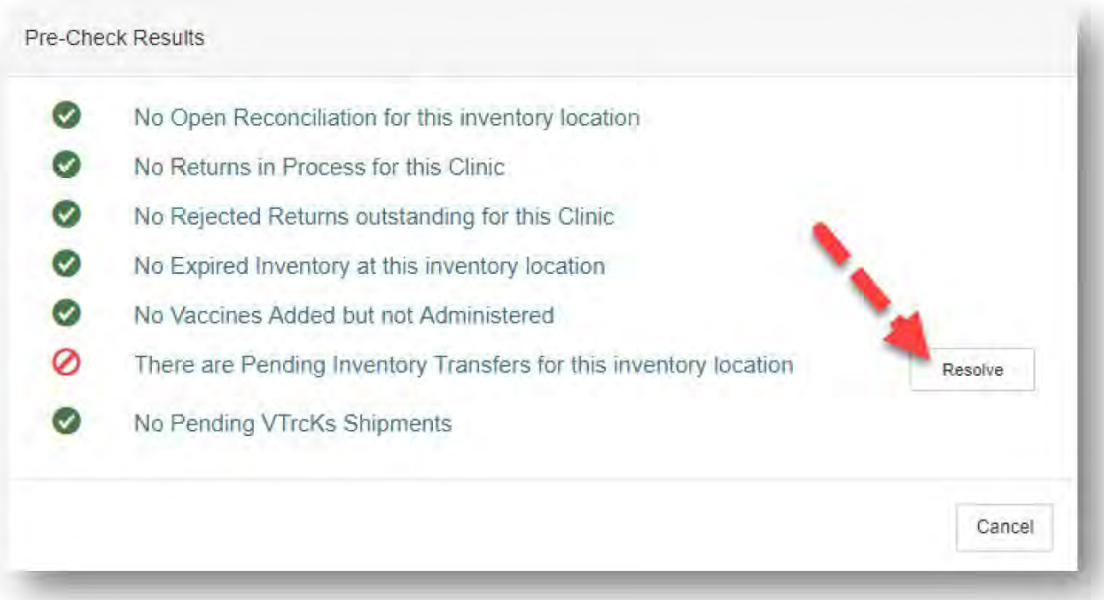
- If the selected **Inventory Location** does have vaccinations that have been added but not administered, a red stop icon (⊘) will display along with a **Resolve** button.
    - Select the **Resolve** button to navigate to the *Vaccines Added but not Administered* report page.



    - All vaccines must be administered or deleted before proceeding with the creation of the new reconciliation.
    - Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.
- If the selected **Inventory Location** does not have vaccinations that have been added but not administered, a green check mark icon (✔) will display.

Pending Inventory Transfers

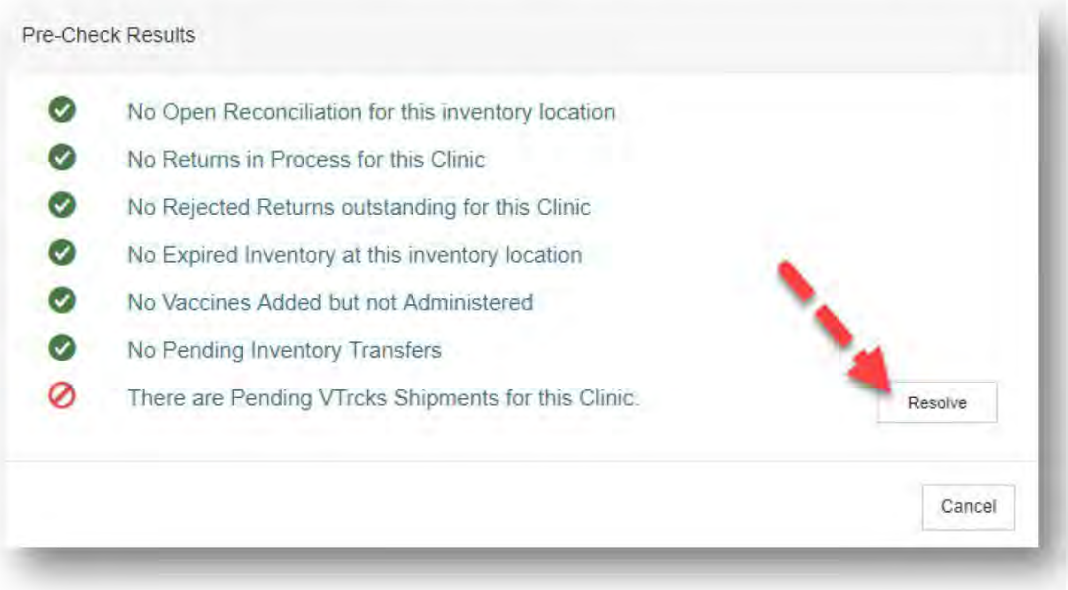
- If the selected **Inventory Location** does have pending incoming inventory transfers, a red stop icon (⊘) will display along with a **Resolve** button.
    - Select the **Resolve** button to navigate to the *Vaccine Inventory Transfer* page.



    - All incoming pending inventory transfers must be accepted before proceeding with the creation of the new reconciliation.
    - Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.
- If the selected **Inventory Location** does not have pending incoming inventory transfers, a green check mark icon (✓) will display.

Pending VTrckS Shipments

- If the selected **Inventory Location** does have pending VTrckS shipments, a red stop icon (⊘) will display along with a **Resolve** button.
    - Select the **Resolve** button to navigate to the *Pending VTrckS* page.



    - All pending VTrckS shipments must be received or dismissed before proceeding with the creation of the new reconciliation.
    - Selecting **Cancel** on the *Pre-Check Results* modal will navigate back to the *Vaccine Inventory Reconciliation* page.
- If the selected **Inventory Location** does not have pending VTrcKs shipments, a green check mark icon (✓) will display.

Appendix Y. VFC Screening Guide

To download this document, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Screening Guide 10.24"

VFC Screening

Is your practice doing this at EVERY immunization visit?

The New Mexico Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

All providers who participate in the VFC/ NM Immunization Program are required to screen their patients for insurance status and demographics and document this at every immunization visit.

Children up to the age of 19 who meet at least one of the following conditions are eligible to receive VFC vaccine:

- **Medicaid:** A child who is enrolled in the NM Medicaid program- Centennial Care
- **Uninsured:** A child who has NO health insurance coverage
- **American Indian or Alaska Native**
- **Underinsured:** A child whose health insurance covers only select vaccines or caps the vaccine cost at a certain limit.

NM is a universal state which means, through a combination of state and federal funding, **ALL children under the age of 19 are provided with the vaccine regardless of income and insurance status.**

Proper Vaccine Billing Practices

Never charge for the cost of the vaccine. It is purchased by the CDC with federal funds and distributed to VFC participants at no cost. An administration fee may be charged. This fee may not exceed $25.75 per dose. Providing VFC vaccines to eligible patients will not be denied due to the inability to pay this fee and cannot be sent to collections. Effective January 1, 2020, providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.

Insurance Status	Vaccine Administration Fee	Cost of Vaccine
• Medicaid As Primary Insurance • Medicaid as Secondary Insurance • American Indian/ Alaska Native	• Medicaid $25.75 • Do not bill patient- Do not balance bill	All VFC vaccines that cost $0.00 need to be billed at $0.01 for the FFS system to recognize a VFC vaccine. This is allowed.
• Uninsured	No more than $25.75 to patient	Never charge for the cost of the vaccine
• Private Insurance	Can bill insurer for administration fees but **cannot** charge the balance if insurance pays less than the billed amount.	Never charge for the cost of the vaccine

Providers should bill the Medicaid Fee-for-Service program with the following vaccine administration codes:
90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine - Fee Schedule 04/03/2024 is **$25.75** and
90461 – Each additional vaccine- Fee Schedule 04/03/2024 is **$21.77**

No Child in NM can be denied New Mexico VFC Program-supplied vaccine because of their inability to pay an Administration or Office Visit Fee and No Child can be charged for the cost of the vaccine.

Appendix Z. New Mexico Vaccine Restitution Policy

To download the most current policy, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ "VFC Restitution Policy"

New Mexico Vaccine Restitution Policy

Vaccine Restitution is required by all Vaccines for Children (VFC) providers in New Mexico when public vaccine is improperly administered to an ineligible recipient according to the vaccine funding source type and/or when negligent storage and handling practices, including fraud and abuse, lead to vaccine loss.

Definitions

Abuse: Consistent with "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, abuse occurs when 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 healthcare. Abuse also includes recipient practices that result in unnecessary cost to the Medicaid program.

Excess: Vaccine that was ordered but unable to be administered or transferred prior to the expiration date.

Fraud: Consistent with "fraud" as defined in the Medicaid regulations at 42 CFR § 455.2, 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. Fraud includes any act that constitutes fraud under applicable federal or state law.

Ineligible recipient: Vaccine that is administered to individuals not eligible based on the public vaccine policy and the type of the vaccine.

Negligence: An act or failure by an enrolled VFC provider to properly administer public vaccines based on the eligibility of the patient, or failure to properly manage, store or handle public vaccines.

Restitution: Replacement or restoration dose for dose of any lost vaccine in the same amount and type.

Spoiled Vaccine: Nonviable vaccine that is unable to be retuned because of too much exposure to heat, cold, or light at any step in the cold chain, resulting in loss of vaccine potency. Once lost, potency cannot be restored and vaccine will be useless.

Unaccounted for: Vaccine that a provider is unable to identify the location of the dose(s), how it was used, or doses which were borrowed and not properly replaced.

Wasted Vaccine: Nonviable vaccine that is not able to be returned**.** Vaccine categorized as avoidable or unavoidable waste. Unavoidable waste occurs due to act of nature that could not have been avoided (i.e. natural disasters). Avoidable waste is under the control of the provider and is preventable.
Avoidable waste includes, but is not limited to the following:

- Refrigerator/freezer left open
- Temperatures out of range and no action taken, or data from data loggerand/or thermometer not downloaded when alarm indicates a problem
- Vaccine left out over night

- Excessive vaccine ordering as compared to provider profile.
- Failure to notify the program and/or assigned VFC Regional Coordinator of vaccine expiration within three months. Regional Coordinators will contact other providersto determine if they can use the vaccine prior to expiration.
- Failure to properly package vaccines when shipping/transferring to another provide

Vaccine Loss: Nonviable vaccine that includes expired vaccine or vaccine that has been impaired because of the following:

Spoiled vaccine

- Natural disaster/power outage
- Refrigerator too warm or too cold
- Failure to store properly upon receipt
- Vaccine spoiled in transit
- Mechanical failure
- Recall
- Wasted vaccine
- Vaccine drawn into the syringe but not administered
- Vaccine in open vial but doses not administered
- Compromised vial (e.g., due to a drop causing damage to vial integrity or sterility),broken vial, or lost vial

Vaccine Restitution

Situations Requiring Vaccine Restitution

Any provider deemed as negligent where public vaccine is improperly used for an ineligible recipient according to the vaccine fund type or when negligent storage and handling practices lead to vaccine loss.

Newly-enrolled Providers (up to 12 months following the enrollment date)

If a loss occurs prior to the first compliance site visit, the provider will receive education and an Immunization Program approved provider corrective action plan and no payback is required. Any subsequent negligent losses by the same provider will require restoring the lost doses to the program.

If the provider declines to perform the actions outlined in the provider corrective action plan to ensure proper storage and handling and proper use of vaccine for eligible children, the provider will be prohibited from participating in the VFC Program until the program requirements are met.

In addition, if the first loss is due to negligence of vaccine (used for ineligible recipients or unaccounted-for vaccine) the vaccines involved with the loss must be replaced regardless of how long the provider has been enrolled**.** If the non-compliance is due to negligence and the provider has
received financial benefits from the behavior, the situation will result in immediate referral to the State Liaison within the Centers for Medicare and Medicaid Services (CMS), Center for Program Integrity (CPI) for investigation of suspected VFC fraud and abuse.

All Other Providers

Upon discovering loss of vaccine that meets the definition of negligence, all doses involved in the loss must be returned to the Immunization Program. If the non-compliance is repeated, appears intentional or the provider has received financial benefits from the behavior, the situation will result in immediate referral to CMS, CPI for investigation of suspected VFC fraud and abuse.

The following situations are examples where public vaccines were lost, but would not have been if the program requirements, outlined in the Vaccines for Children Operations Guide were followed:

- Not performing proper screening and documentation resulting in the use of public vaccine on an ineligible recipient.
- Unaccounted for public vaccines
- Use of a dorm-style refrigerator to store public vaccine
- Not using a New Mexico-approved storage unit
- Drawing up public vaccine prior to patient screening and wasting the vaccine
- Vaccine drawn into the syringe but not administered due to patient declining afterscreening (11 or more dose in a year)
- Vaccine in a multi-dose vial with some doses not administered (11 or more vials in a year)
- Compromised vial or syringe (e.g., due to a drop causing damage to integrity or sterility), broken vial or syringe, or lost vial or syringe (11 or more vials or syringes in a year)
- Not properly monitoring and recording storage unit temperatures
- Not using a New Mexico Immunization Program approved temperature monitoring device
- Not properly responding to and recording steps taken during a temperature excursion as defined in the New Mexico Routine Vaccine Management Plan (https://nmhealth.org/publication/view/form/511/)
- Vaccine that is left out of the refrigerator or freezer that becomes non-viable
- Freezing vaccine meant to be refrigerated or refrigerating vaccine meant to be frozen
- Refrigerator or freezer left unplugged or electrical breaker switched off
- Refrigerator or freezer door left open or ajar by provider staff, contractors, or guests
- Any loss of power to the storage unit in which the provider fails to implement the clinic's Emergency Vaccine Management Plan
- Ordering patterns that result in overstock that lead to expiration of excess vaccines (i.e. maintaining a more than a 60-day supply of vaccine)
- Not notifying the Immunization Program of a change in the office hours or office closure resulting in vaccine being delivered when the office is closed
- Loss due to untrained staff
- Failure to implement a New Mexico Immunization Program approved corrective action plan to remedy storage and handling issues

Situations Not Requiring Vaccine Restitution

The following examples are situations considered to be out of the providers' control, and generally do not require vaccine replacement:

- Vaccine drawn into the syringe but not administered due to patient declining afterscreening (10 or less doses in a year) Vaccine in an open vial but all doses are not administered (10 vials or less in a year)
- Compromised vial or syringe (e.g., due to a drop causing damage to integrity or sterility) or broken vial or syringe (10 or less vials or syringes in a year)
- Vaccine manufacturer recall
- Natural disasters that do not allow for the emergency plan to be followed
- Documentation that a package was not delivered from the CDC Vaccine Distributor to the provider in a timely manner or is otherwise damaged or stored improperly during transit and that the distributor and the Immunization Program were notified by the provider within 2 hours of delivery
- A provider transports vaccine to a location within the approved vaccine management plan with a secure power source due to anticipated inclement weather, but power is lost at that location
- Small amount of expired vaccine not involving over ordering (orders were based on a current and valid provider profile) and the provider contacted the program for approval to transport short-dated vaccines within 3 months or more prior to expiration. Flu vaccine expirations will be reviewed on a case-by-case basis
- Loss due to storage equipment failure and where the provider was unaware of issues, there is no current, outstanding actions required from the program on the unit, and proof of repair or equipment replacement is provided to the Immunization Program
- Situations not listed above which are deemed by the Immunization Program to be beyondthe provider's control

Process for restoration of lost doses to the Program

- Upon identified situations where the provider has been deemed negligent and requiring restoration of lost doses, the New Mexico Immunization Program provides a letter to the provider detailing the negligent event, any prior losses, required corrective actions and the number of each vaccine type/brand to be purchased. The letter will also include steps that allow for a grievance process where the provider can submit additional information about the incident.
- Once it is determined by the Program that doses are required to be restored, the provider must submit a receipt of vaccine purchase(s) reflecting the doses lost and outlined in the letter within 60 days of the vaccine loss determination. If the vaccine loss is large and the doses purchased cannot be used before expiration, or the provider needs additional time to procure/replace doses, the timeline for purchase may be extended, by no more than six months, to prevent further vaccine loss. As an alternative, the vaccine can be shipped to other providers such as local health department or large providers where the doses can be successfully tracked and used before expiration. All cases will be reviewed by the Program on a case-by-case basis and a determination of appropriate action made.
- Upon the identification of a temperature excursion the provider must submit the following reports to the program immediately, via their Regional Coordinator as applicable
    - Troubleshooting Record (TSR)
    - McKesson Vaccine Return Form
    - NMSIIS Return Detail Report

- Provider must adjust/reduce vaccine orders submitted to the Immunization Program to accommodate the purchased doses placed into public inventory through replacement of the lost doses to the Program. If the provider fails to adjust/reduce vaccine orders submitted, the Immunization Program will adjust provider orders resulting in holding or limiting distribution of VFC/317/State vaccine to account for the doses purchased by the provider and placed into the public vaccine inventory for use with eligible recipients.
- Vaccine replacement doses may only be used for eligible recipients according to the funding source and allocated proportionately to the original funding source of the replaced doses (i.e., VFC, 317, State).
- The vaccine purchased by the provider must be labeled or identified in such a way that the doses are only used for recipients screened and eligible for the original funding source of the replaced doses (i.e., VFC, 317, State).
- The provider must complete a Vaccine Restitution Report (Appendix A) which details the use of the restored doses of vaccine. Reporting doses administered with dose-level eligibility may also be reported electronically. This form must be completed and submitted to the New Mexico Immunization Program monthly for review until all doses have been administered. The information reported and tracked must include the date of the loss, vaccine type, original funding source, lot number, NDC number, and number of doses lost, date the vaccine doses were replaced into stock, date replaced dose was administered, and the patient identification number and date of birth or patients to whom the vaccine was administered.

Appendix A

Vaccine Restitution Report

Directions for use of this form

When a provider is deemed responsible for replacing lost VFC, 317, and State vaccines, this form must be completed and submitted to the Immunization Program for tracking purposes. The information reported and tracked must include the date of the loss, vaccine type, original funding source, lot number, NDC number, number of doses lost, date the vaccine doses were replaced, date replaced dose was administered, and the patient identification and date of birth. The receipt of purchase must be submitted to the Immunization Program within **60 days** of the loss and a copy of this report must be submitted once the replacement doses have been administered.

	Date of Loss	Vaccine Type	Lot Number	NDC	Fund type (VFC, 317 or State)	Number of doses lost	Date vaccine replaced	Date replaced vaccine dose administered to eligible child	Patient Name/Patient Identifier/ Eligibility Status (VFC, 317 or State)	DOB
Vaccine #1										
Vaccine #2										

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3729) and other applicable Federal and state law, that VFC, 317 or State vaccines reported on this form have been accurately reported and replaced in conformance with state provisions for restitution and further certify that all VFC, 317 or State doses lost during the noted time period have been fully reported and replaced on this form.

Provider Name:_____ Provider Signature: _____Date:_____

Appendix AA. VFC Educational Action Plan (EAP)

Vaccines for Children Program (VFC) - Educational Action Plan (EAP)

VFC PIN#: _____ Name of Clinic: _____ Date: _____

An EAP is a step-by-step action plan that is developed to identify issues and concerns for education and correction. Use the action plan below to describe the actions that will take place in the facility for each concern using a complete response. EAPs are designed, implemented, and managed/ monitored for education to maintain compliance with protocols.

EAP Level 1 - Regional Coordinator(s) or VFC staff will place a phone call to identify the noncompliance issue with the provider and/or facility staff and remedy the problem.

EAP Level 2 - Regional Coordinator(s) will hold a virtual (online) meeting with the Primary and Back-up Coordinators to provide additional education and develop a plan to remedy the problem, which needs to be implemented and to be adhered.

EAP Level 3 - The provider should expect an on-site visit for a retraining, which may include repeating the CHIL-e training, to correct identified problems. CHIL-e trainings must be completed within 30 days of the 3rd EAP citing for all Primary and Back-Up-Coordinators prior to re-ordering vaccines.

Responses must be typed. Document the response, date of completion, and any comments you may have. This form must be digitally signed.

Concerns Identified	Occurrence Level	Re-Education Steps: Describe the action/education that will take place to ensure this concern does not reoccur	Date of completion	Comments
	1st Occurrence ☐ 2nd Occurrence ☐ 3rd Occurrence ☐			

Vaccines for Children Program (VFC) - Educational Action Plan (EAP)

Concerns Identified	Occurrence Level	Re-Education Steps Describe the action/education that will take place to ensure this concern does not reoccur	Date of completion	Comments
	1st Occurrence ☐ 2nd Occurrence ☐ 3rd Occurrence ☐			
	1st Occurrence ☐ 2nd Occurrence ☐ 3rd Occurrence ☐			
	1st Occurrence ☐ 2nd Occurrence ☐ 3rd Occurrence ☐			

EAP Completed by:

Print Name: _____ Digital Signature: _____

Vaccines for Children Program (VFC) - Educational Action Plan (EAP)

Educational Notes from Regional Coordinators

Provider Staff Signatures

EAP Reviewed by **Primary Coordinator** Print Name: _____ Digital Signature: _____

EAP Reviewed by **Backup Coordinator** Print Name: _____ Digital Signature: _____

EAP Reviewed by **MD or Equivalent** Print Name: _____ Digital Signature: _____

Regional Coordinator Signature

Approved by **Regional Coordinator** Print Name: _____ Digital Signature: _____

Appendix BB. Provider Participation Disenrollment Request Form

New Mexico Vaccines for Children (VFC) Program

Provider Participation Disenrollment Request Form

Complete and email form to your VFC Regional Coordinator at least 30 days before disenrolling from program participation.

INSTRUCTIONS: Providers are required to notify the VFC Program at least 30 days before the provider location intends to terminate its VFC Provider Agreement and disenroll participation from the New Mexico VFC Program. Until the disenrollment request is approved and finalized, please:

- Store vaccines and document temperatures according to VFC Program requirements.
- Note that your provider location is responsible for all VFC-supplied vaccines. Failure to account for doses or protect vaccine viability may result in a negligent loss leading to vaccine replacement.

A VFC Program Regional Coordinator will contact you regarding transferring or retrieving viable VFC-supplied vaccines.

Provider Information			
Provider Name			PIN#
Address	City	ZIP	County
Email	Phone	Fax	

Disenrollment Information	
Physician Signing Agreement Name (print)	Effective Date of Disenrollment
Physician Signing Agreement (signature)	Today's Date
Do you have remaining VFC-supplied vaccines on-hand? ☐ **Yes** ☐ **No** If *yes*, complete "Remaining On-Hand Vaccine Inventory Information" (page 2)	Have you notified your VFC Regional Coordinator about your request and on-hand VFC inventory? ☐ **Yes** ☐ **No**

Please indicate the reason for disenrolling your participation from the VFC Program
(select the option below that most closely describes the MAIN reason for disenrollment)

- ☐ Change in Provider Location Status (any change related to the status of the provider location)
- ☐ Reduction in/no longer seeing VFC-eligible children served by the provider
- ☐ Provider perceives operational or financial burden from VFC program
- ☐ Physician is retired
- ☐ Physician is deceased
- ☐ Other *(Specify)*: _____

Comments

New Mexico Vaccines for Children (VFC) Program

Provider Participation Disenrollment Request Form

Remaining On-Hand Vaccine Inventory Information

INSTRUCTIONS: Complete this section if your provider location has VFC-supplied vaccines on-hand.

Vaccine Inventory				
Vaccines *(Specify type, such as DTaP)*	**Number of VFC Doses On-Hand**	**Manufacturer**	**Lot Number**	**Expiration Date**

Note: Providers are responsible for all VFC-supplied vaccines you have received. Therefore, you must account for any missing vaccine doses by correcting vaccine usage or replacing the missing VFC doses.

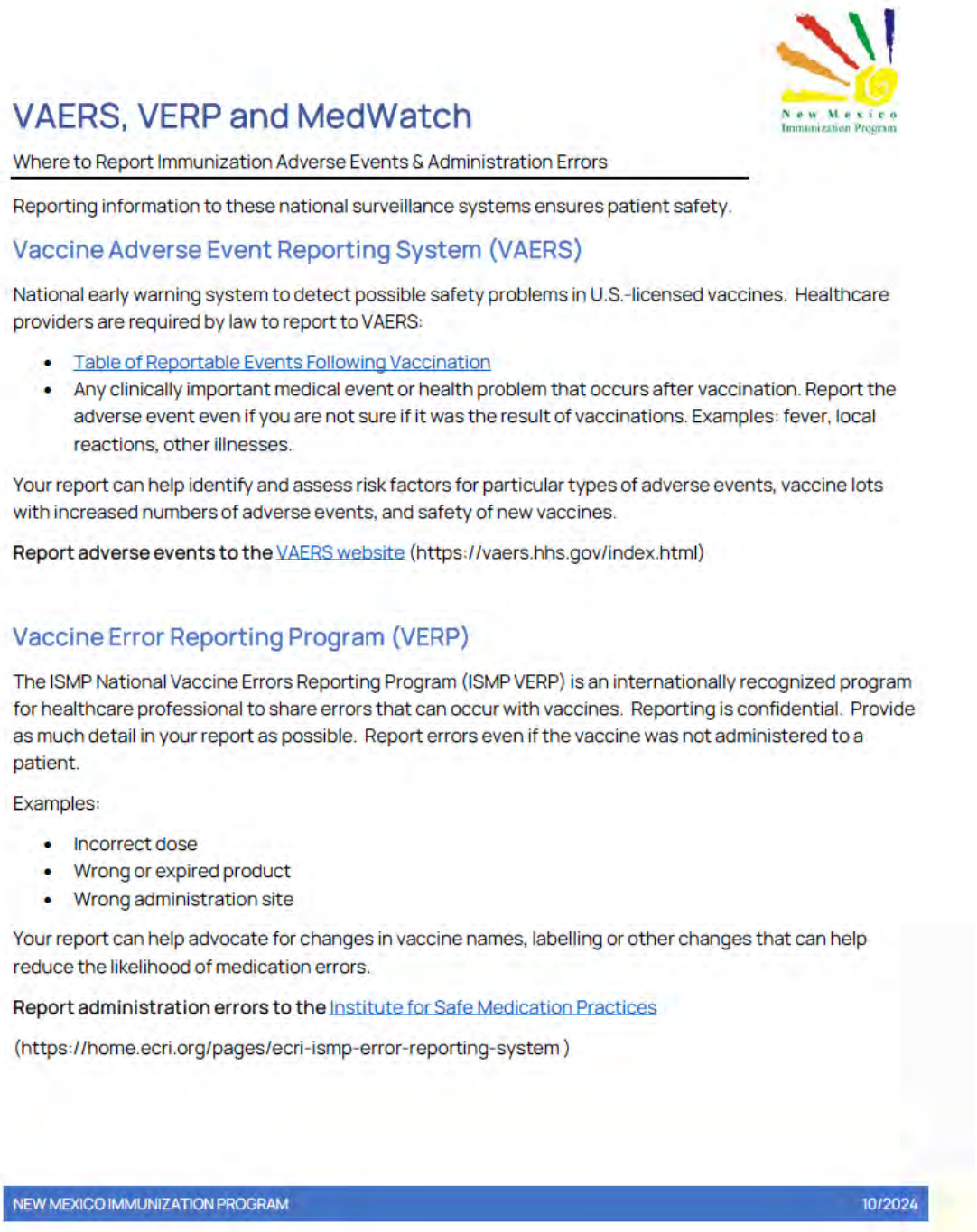
INSTRUCTIONS: Email this completed form to your Regional Coordinator, 30 days before the date of your request to disenroll from the VFC Program. A VFC Regional Coordinator will contact you regarding the retrieval or transfer of remaining VFC-supplied vaccines.

Email form to your Regional Coordinator(s):

Region	Name	Email	Phone
Northeast	Nicolette Perez	Nicolette.Perez@doh.nm.gov	505-476-2619
	Renee Encinias	Renee.Encinias@doh.nm.gov	505-476-2622
Northwest and Metro	Angelica Torres	Angelica.Torres@doh.nm.gov	505-534-0865
	Erica Flores, RN	Erica.Flores@doh.nm.gov	505-709-7866
	Crystal Trujillo, RN	Crystal.Trujillo@doh.nm.gov	505-709-7811
	Melissa Padilla	Melissa.Padilla@doh.nm.gov	505-670-0153
Southeast	Kelly Bassett, RN	Kelly.Bassett@doh.nm.gov	575-288-9618
	Zach Washington, RN	Zachariah.Washington@doh.nm.gov	505-222-9011
Southwest	Laurie Garcia, RN	Laura.Garcia2@doh.nm.gov	575-528-5150
	Kimberly Orozco, RN	Kimberly.Orozco@doh.nm.gov	575-528-5186

Appendix CC. VAERS, VERP, and MedWatch Information

To download this document, navigate to NMSIIS/Reports/New Mexico Forms and Documents/ “VAERS VERP & MedWatch”



VAERS, VERP and MedWatch

Where to Report Immunization Adverse Events & Administration Errors

Reporting information to these national surveillance systems ensures patient safety.

Vaccine Adverse Event Reporting System (VAERS)

National early warning system to detect possible safety problems in U.S.-licensed vaccines. Healthcare providers are required by law to report to VAERS:

- Table of Reportable Events Following Vaccination
- Any clinically important medical event or health problem that occurs after vaccination. Report the adverse event even if you are not sure if it was the result of vaccinations. Examples: fever, local reactions, other illnesses.

Your report can help identify and assess risk factors for particular types of adverse events, vaccine lots with increased numbers of adverse events, and safety of new vaccines.

Report adverse events to the VAERS website (https://vaers.hhs.gov/index.html)

Vaccine Error Reporting Program (VERP)

The ISMP National Vaccine Errors Reporting Program (ISMP VERP) is an internationally recognized program for healthcare professional to share errors that can occur with vaccines. Reporting is confidential. Provide as much detail in your report as possible. Report errors even if the vaccine was not administered to a patient.

Examples:

- Incorrect dose
- Wrong or expired product
- Wrong administration site

Your report can help advocate for changes in vaccine names, labelling or other changes that can help reduce the likelihood of medication errors.

Report administration errors to the Institute for Safe Medication Practices

(https://home.ecri.org/pages/ecri-ismp-error-reporting-system)

NEW MEXICO IMMUNIZATION PROGRAM 10/2024

VAERS, VERP and MedWatch continued

Where to Report Immunization Adverse Events & Administration Errors

MedWatch:

Health professionals, patients, and consumers can report medical product safety concerns to MedWatch. MedWatch publishes safety alerts for FDA-regulated medical products. Report a raction even if you are not sure it was caused by a drug. Adverse reactions to nirsevimab/Beyfortus ™ should be reported through MedWatch.

Examples of adverse reactions:

- Skin rashes
- Product quality problems such as a defect in the packaging
- Product use/medication errors that are preventable such as choosing the wrong product because of labels or packaging that look alike or have similar brand or generic names.
- Difficulty using a product because of hard-to-read displays, etc.

Your report can help make medicine safer by:

- Identifying unknown risks for approved medicines/products
- Providing up-to-date safety information on vaccines and other biologics.

Report nirsevimab/Beyfortus ™ adverse events and immunization error to the MedWatch reporting form

(https://www.accessdata.fda.gov/scripts/medwatch/index.cfm)

Appendix DD. New Mexico VFC Program Staff

New Mexico Vaccines for Children (VFC) Program Staff		
VFC Program Manager ***Lynne Padilla*** Phone: 505-827-2147 Email: Lynne.Padilla-truji@doh.nm.gov	STATE OFFICE AT THE **RUNNELS BUILDING** SANTA FE	**Vaccines for Children Clerk-A** ***Erik Salter*** Phone: 505-827-1781 Email: Erik.Salter@doh.nm.gov
Immunization Compliance Coordinator ***Scarlett Swanson*** Phone: 505-827-2898 Email: ScarlettC.Swanson@doh.nm.gov	**Vaccines for Children Health Educator** ***Daisy Lujan*** Phone: 505-827-2415 Email:Daisy.Lujan@doh.nm.gov VFC.Health-Educator@doh.nm.gov	**Vaccines for Children Clerk-O** ***Carl Schoepke, JR.*** Phone: 505-827-2731 Email: Carl.Schoepke@doh.nm.gov

REGIONAL OFFICES

Metro	Northwest	Northeast	Southeast (a) (b)	Southwest
Bernalillo, Sandoval, Valencia, Torrance	Cibola, McKinley, San Juan	Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union, Harding	A-Eddy, Lea, Lincoln, Chaves, B-Quay, Roosevelt, Curry, De Baca	Catron, Doña Ana, Grant, Hidalgo, Luna Otero, Sierra, Socorro
Immunization Coordinators: Erica Flores, RN **505-709-7866** Erica.Flores@doh.nm.gov Crystal Trujillo, RN **505-709-7811** Crystal.Trujillo@doh.nm.gov Melissa Padilla **505-670-0153** Melissa.Padilla@doh.nm.gov	**Health Educator:** Angelica Torres **Phone 505-534-0865** Angelica.Torres@doh.nm.gov	**Immunization Coordinator:** **Vacant** **Health Educator:** Nicolette Perez **505-476-2619** Nicolette.Perez@doh.nm.gov **Immunization Clerk:** Renee Encinias **505-476-2622** Renee.Encinias@doh.nm.gov	**Immunization Coordinator:** Kelly Bassett, RN **575-288-9618** Kelly.Bassett@doh.nm.gov **Immunization Coordinator:** Zach Washington, RN **505-222-9011** Zachariah.Washington@doh.nm.gov **Immunization Clerk:** Theresa Rubio **575-288-9463** Theresa.Rubio@doh.nm.gov	**Immunization Coordinator:** **Vacant** _____ **Immunization Coordinator:** Kimberly Orozco, RN **575-528-5186** Kimberly.Orozco@doh.nm.gov

Updated 1/2025