

## Vaccine Storage and Handling Course Post-test & Evaluation Instructions

The Vaccine Storage and Handling course is designed to educate healthcare providers on basic principles related to the storage and handling of vaccines. In order to receive credit for completion of the "Vaccine Storage and Handling" web-based course, participants must:

- 1) be a VFC provider in Los Angeles County or receive vaccines from the Los Angeles County Immunization Program (LACIP),
- 2) review LACIP's Power-Point presentation on Vaccine Storage and Handling
- 3) complete and return the post-test and course evaluation via mail or fax, and
- 4) receive a passing score of 80% or greater on the post-test.

The certificate will be mailed to you within 30 days along with resources and correct answers for any questions answered incorrectly by the participant. Participants scoring less than 80% will be contacted by the Immunization Program to review the information presented to assist the participant in completing the post-test with a score of 80% or above.

Please be sure to **print** your name, and the provider's name and address on the post-test and evaluation so you can receive your certificate.

Fax or mail the completed post-test and evaluation to the Immunization Program's Area Field Unit serving your area of the county:

**East Area Field Unit**

Karen Roby  
5555 Ferguson Dr. #210-104  
City of Commerce 90022  
Fax: 213 365-9108

**Southwest Area Field Unit**

Maria Claudia Davila  
3530 Wilshire Blvd. #700.  
Los Angeles 90010  
Fax: 213 351-2780

**North Area Field Unit**

Lidoosh Hartoonian  
12502 Van Nuys Blvd #204  
Pacoima 91331  
Fax: 213 637-4543

Your evaluation is very important to us. The comments and suggestions you provide will assist us in the development of new and informative presentations on various subjects related to vaccines and vaccine preventable diseases. We appreciate your comments and suggestions.

For additional information or questions, please contact Melanie Barr, RN @ (213) 351-7800.

## Vaccine Storage and Handling Post-Test

1. Inactivated vaccines are able to tolerate freezing temperatures.
  - a. True
  - b. False
  
2. Which statement best describes the vaccine “cold chain?”
  - a. The cold chain means to always store all refrigerated vaccines together.
  - b. Vaccines must be stored properly from the time they are manufactured to the time they are administered to the patients.
  - c. Vaccines must be kept at appropriate temperatures until they are delivered to the provider.
  - d. The cold chain means the vaccines should be cold.
  
3. Which vaccine is **not** stored in the freezer?
  - a. MMR
  - b. MMRV
  - c. Rotavirus
  - d. Varicella
  
4. To maintain stable cold temperatures in the event of a power outage, the provider should do all of the following **except**:
  - a. Place cold packs in the freezer
  - b. Store the vaccines in the vegetable bins
  - c. Keep the refrigerator and freezer doors closed
  - d. Place water bottles in the refrigerator
  
5. Visual inspection of vaccine is not a reliable method of determining the potency of vaccine.
  - a. True
  - b. False
  
6. Which storage unit is not recommended for vaccine storage?
  - a. Combination refrigerator/freezer
  - b. Stand-alone freezer
  - c. Dormitory-style refrigerator
  - d. Stand-alone refrigerator
  
7. Multi-dose vials must be used within 30 days after opening.
  - a. True
  - b. False

Provider Office or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

8. If you arrive in the morning and the refrigerator temp is found to be at 65°F, which of the following would be the most appropriate action?
  - a. Discard all vaccines stored in the refrigerator.
  - b. Mark the vaccines “Do Not Use” until the viability can be determined.
  - c. Transfer the vaccines to another storage unit and continue to use.
  - d. Shorten the expiration dates of the vaccine and use the vaccine before they expire.
  
9. To ensure the cold chain was maintained and the vaccine was transported from the distributor to the providers office in an appropriate manner, the providers office should:
  - a. Check the temperature monitor located inside the package.
  - b. Check the expiration date of the vaccine
  - c. Call the manufacturer
  - d. Determine if the shipping time was less than 24 hours.
  
10. Benefits of monthly vaccine inventory include:
  - a. Helps to prevents stocking excessive amounts of vaccine
  - b. Monitors expiration date of vaccines
  - c. Helps to ensure that the provider has enough vaccine
  - d. All of the above
  
11. Vaccines should be stored in their original packaging because:
  - a. Exposure to light may inactivate the vaccine.
  - b. Ensures the provider will have an accurate count.
  - c. Assists with organization of vaccine.
  - d. Helps to prevent administration of the wrong vaccine.
  - e. Both B & C
  - f. A, C, & D
  
12. Pre-filling syringes is not recommended as it may lead to:
  - a. Vaccine wastage
  - b. Administration errors
  - c. Bacterial growth
  - d. All of the above
  
13. Emergency procedures to protect vaccine in the event of a power outage or mechanical failure are a vital part of vaccine management.
  - a. True
  - b. False
  
14. Storing vaccine in the doors of the refrigerator or freezer is okay as long as you have ice packs or water bottles in the door.
  - a. True
  - b. False

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### Course Evaluation

1. After reviewing the course material, I am confident I can discuss the principles of vaccine storage and handling.
  - a. Strongly agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly disagree
  
2. After reviewing the course material, I am confident that I can recognize temperatures outside the recommended range and use evidenced-based interventions to protect the vaccine supply.
  - a. Strongly agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly disagree
  
3. After reviewing the course materials, I will implement changes in my vaccine storage and handling practices.
  - a. Strongly agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly disagree
  
4. The course content was relevant to my practice.
  - a. Strongly agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly disagree
  
5. The course content was appropriate given the stated objectives.
  - a. Strongly agree
  - b. Agree
  - c. Neither Agree or Disagree
  - d. Disagree
  - e. Strongly disagree

Comments/Suggestions: \_\_\_\_\_  
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Provider Office or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_