

Evercare Internal Policy: Patient-Supplied Vaccine Storage

Policy Name: Patient-Supplied Vaccine Storage & Cold Chain Waiver

Applies to: All Evercare Clinical and Admin Staff

Effective Date: 10/03/2025

Review Date: TBC

Approved by: Jo Whare – Operations Manager

Policy Statement:

Evercare may, at its discretion, allow the temporary storage of patient-supplied vaccines. However, we do not take responsibility for the maintenance of cold chain conditions for vaccines provided by patients.

Purpose:

To protect Evercare from liability associated with potential vaccine degradation due to cold chain breaches, and to ensure patients are aware of the risks involved in storing their vaccines at the practice.

Policy Guidelines:

1. Storage Approval:

- Only approved Evercare staff may accept and log patient vaccines for temporary storage.
- A signed *Patient Vaccine Storage Waiver Form* must be completed before any vaccine is stored.

2. Storage Conditions:

- Vaccines will be placed in the vaccine fridge in accordance with current space and temperature monitoring practices.
- Evercare will not monitor, check, or notify patients specifically regarding the temperature condition of individual stored vaccines.

3. Cold Chain Disclaimer:

- Evercare does **not guarantee** the cold chain integrity for patient-supplied vaccines.
- In the event of a cold chain breach (e.g., temperature excursion, power outage, or equipment malfunction), Evercare takes no responsibility for the vaccine's viability or replacement.

4. Documentation:

- Staff must ensure a copy of the signed waiver is scanned and saved to the patient's clinical record.

Clinic:

256 Junction Road,
Clayfield Qld 4011

07 3608 1400
clayfield@evercare.com.au

Support Office:

PO Box 75,
Lutwyche QLD 4031

- Vaccines left in the fridge beyond a reasonable period (e.g., 2 weeks) may be discarded unless prior arrangements are made.

5. Patient Communication:

- Patients must be clearly informed verbally and in writing that vaccine storage is at their own risk.



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Patient Waiver Form

For patients who leave personal vaccines in Evercare's vaccine fridge

EVERCARE – PATIENT VACCINE STORAGE WAIVER FORM**Patient Name:** _____**Date of Birth:** _____**Contact Number:** _____**Date of Vaccine Drop-Off:** _____**Type of Vaccine(s):** _____

Important Notice:

Evercare provides short-term storage of patient-supplied vaccines as a courtesy. However, we **cannot guarantee the integrity or viability** of vaccines stored on behalf of patients due to the potential for **cold chain breaches** or **equipment failure**.

Patient Acknowledgement & Waiver:

I acknowledge and agree to the following:

- I have supplied my own vaccines and requested that Evercare store them temporarily in the clinic's vaccine refrigerator.
- I understand that Evercare takes no responsibility for the maintenance of the cold chain in relation to my vaccine(s).
- I understand that in the event of a **cold chain breach, power failure, equipment malfunction**, or any other situation that may compromise the viability of the stored vaccines, **Evercare will not be held liable**.
- I accept full responsibility for the condition of my vaccine(s) at the time of administration or collection.

Signature of Patient (or Parent/Guardian): _____**Date:** _____**Evercare Staff Member Name:** _____**Signature:** _____**Date:** _____**Clinic:**

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