Communicable Disease Management Protocol

Worksheet 4: Routine and Emergency Contact List

| Personnel | | | | |
|---|---------------------------------------|---------------------|------|-------|
| Title | Name | Phone | Cell | Pager |
| Vaccine Coordinator | | | | |
| Back-Up Person | | | | |
| Program Coordinator | | | | |
| After Hours Contact | | | | |
| Manitoba Health | | | | |
| Local Public Health Immunization Contact | | | | |
| Other: | | | | |
| Other Resources and Sup | opliers (insert all those that are ap | plicable to setting | | |
| Manitoba Hydro | | | | |
| Generator Repair Company | | | | |
| Refrigerator Repair Company | | | | |
| Thermometer Manufacturer | | | | |
| Alarm Company | | | | |
| Weather Service | | | | |
| Alternate storage location | | | | |
| Other: | | | | |
| | | | | |
| | | | | |

Manufacturer contact information is listed on the Cold Chain Failure Response Form