

# Communicable Disease Management Protocol

## Worksheet 4: Routine and Emergency Contact List

| <b>Personnel</b>   |      |       |      |       |
|--|------|-------|------|-------|
| Title  | Name | Phone | Cell | Pager |
| Vaccine Coordinator  |      |       |      |       |
| Back-Up Person   |      |       |      |       |
| Program Coordinator  |      |       |      |       |
| After Hours Contact  |      |       |      |       |
| Manitoba Health  |      |       |      |       |
| Local Public Health<br>Immunization Contact  |      |       |      |       |
| Other:   |      |       |      |       |
| <b>Other Resources and Suppliers (insert all those that are applicable to setting)</b> |      |       |      |       |
| Manitoba Hydro   |      |       |      |       |
| Generator Repair<br>Company  |      |       |      |       |
| Refrigerator Repair<br>Company   |      |       |      |       |
| Thermometer<br>Manufacturer  |      |       |      |       |
| Alarm Company  |      |       |      |       |
| Weather Service  |      |       |      |       |
| Alternate storage location   |      |       |      |       |
| Other:   |      |       |      |       |
|  |      |       |      |       |
|  |      |       |      |       |

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