



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

**Saskatchewan College of Pharmacists
Guidelines for Community Pharmacies
Regarding
Vaccine Storage, Handling, and Transport**

**Companion Summary Guidelines for Community
Pharmacies
to the
National Vaccine Storage and Handling Guidelines for
Immunization Providers
(Public Health Agency of Canada, 2007)**

November 2010

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1. Introduction

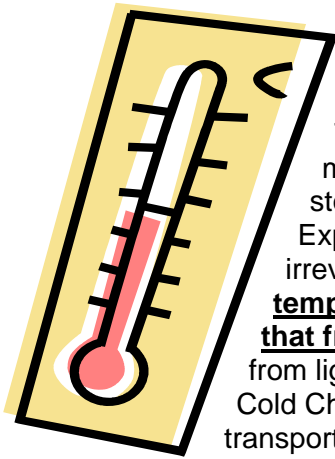
Vaccination is a cost-effective method of protecting Canadians from preventable disease. Effective vaccine storage, handling, and transportation is a key component of immunization programs; one where the pharmacist and pharmacy is involved in sharing the responsibility from manufacture to administration. Being biologic materials, vaccines could be subject to gradual loss of potency due to denaturation that may be accelerated under adverse conditions of transport, storage and handling. Administration of unnoticed denatured vaccines may result in a failure to stimulate an adequate immune response, leading to reduced levels of protection. Public health officials involved in vaccination programs have expressed concern to the Saskatchewan College of Pharmacists (SCP) that there is a general lack of awareness pertaining to key principles involved in the transport, storage and handling of vaccines. In response, we have developed these Companion Summary Guidelines highlighting selected sections of the National Vaccine Storage and Handling Guidelines for Immunization Providers that specifically outlines actions to be taken by pharmacists and staff in community pharmacies. By using these Guidelines, pharmacists will be incorporating best practices from the existing National Guidelines into their practice sites, thus helping assure effective vaccine administration. Each pharmacy is encouraged to evaluate and revise their procedures for both routine and urgent vaccine transport, storage, and handling procedures. **While these guidelines summarize pertinent sections from the National Guidelines to reflect the context of community pharmacy practice, the National Guidelines should always be consulted when questions arise.**

The SCP and public health officials recognize that pharmacies are only one link in the cold chain and that stakeholders at other links may also contribute to decreased public health due to compromises in vaccine stability. Other links in the chain, such as wholesalers who deliver their vaccines to pharmacies, are also being made aware of both the challenges of safe vaccine transport, storage and handling and are asked to follow the National Guidelines as well. By strengthening all aspects of the cold chain, vaccine stability will be maintained.

2. Importance of the National Vaccination Guidelines

The Public Health Agency of Canada has published two documents; the first is a Canadian Immunization Guide (Seventh Edition, 2006) (available at http://www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf) and the second being the National Vaccine Storage and Handling Guidelines for Immunization Providers (2007) (available at <http://www.phac-aspc.gc.ca/publicat/2007/nvshgpl-ldemv/pdf/nvshgpl-ldemv-eng.pdf>). Both documents are referenced in these Guidelines and should be consulted for complete explanations and additional information. . If clarification of any of the policies or recommendations outlined herein or in the National Guidelines is necessary, consult the local public health office or immunization program.

3. The Cold Chain and Why It Needs to Stay Cold



The Cold Chain refers to maintaining potency and integrity of a vaccine by ensuring optimal conditions during storage, handling and transport. This process includes stakeholders, equipment, and facilities from manufacture to administration and is designed to ensure that proper storage temperatures and protection from light is maintained at every step. Exposure to excessive cold, heat, or light results in a cumulative and irreversible loss of potency. **The Cold Chain mandates that the optimum temperature for refrigerated vaccines remain between +2°C and +8°C, and that frozen vaccines remain at a temperature of -15°C or lower.** Protection from light is necessary for light sensitive vaccines. The pharmacists' role in the Cold Chain is to maintain its integrity by properly receiving, handling and transporting vaccines including the proper use and management of equipment, refrigerators, thermometers, temperature monitoring devices, transport coolers, insulation supplies and ice packs.

4. Refrigerator Compatibility: Know Your Refrigerator

It is important to understand the functions and components of your storage refrigerator in order to determine if the unit in your pharmacy meets the requirements for vaccine storage.

Bar style fridges are not recommended for vaccine storage.

A purpose-built refrigerator, also known as a lab style unit, is the standard for storing large inventories of vaccines. Alternatively, a pharmacy may choose to use a food storage refrigerator, as long as the unit has certain qualities that meet the standards for maintaining the cold chain. Ask your refrigerator supplier about the features of your unit in order to determine its suitability. These requirements are as follows. The unit:

1. When a combination freezer and refrigerator, must have a separate external freezer and refrigerator door;
2. Must be a frost free model, as this will ensure more uniform temperatures than manual/cyclic defrost models, and reduce the risk of freezing vaccines;
3. Should be used solely for the purpose of storing vaccines. Food and other drugs requiring refrigeration should never be stored in the unit as these items can affect the spatial temperature differential, leading to temperature fluctuations within the unit;
4. Must maintain required vaccine storage temperatures through all seasons;
5. Must be large enough to accommodate fluctuations in vaccine supply due to demand, for example during influenza season;
6. Must have a calibrated thermometer inside each storage compartment; and
7. Must be placed in a secure location away from unauthorized and public access.

There are many technical features of refrigerators that can affect the safe storage of vaccines. For further information, consult the complete National Guidelines. If your refrigerator also has an

attached freezer, be aware that the unit cools the refrigerator by blowing cold air out of the freezer and into the refrigerator. Ensure you know where this vent is located on your unit and avoid placing vaccines directly under this vent where the temperatures are colder and near 0°C. Additionally, ensure you know where the thermostat inside the refrigerator is located, as different models have different locations.

If a purpose built unit is used, be aware that the glass doors do not adequately protect light sensitive vaccines from denaturation. Additionally, the doors do not provide adequate insulation if there is ever a power interruption.

Jurisdictions in Canada report that use of bar fridges for vaccine storage are a leading cause of cold chain breaks because they are unpredictable at maintaining temperatures. Any style of small single door bar fridge is not recommended for vaccine storage.

To allow for proper heat exchange and cooling, equipment must be placed accordingly to allow for adequate air circulation around the unit. Ensure that the refrigeration coils on the back of the unit measure 10 cm away from the wall and that the wheels or levelling legs are adjusted so that the bottom of the unit is 2.5 to 5 cm above the floor. Do not place the unit in direct sunlight, near a heat source, or along an outside wall where temperature can fluctuate.

5. Staff Roles: Vaccine Coordinator and Other Staff

All staff members who are in any way involved in the storage or handling of vaccines should be familiar with individual written pharmacy protocols as well as this document and the National Guidelines for Immunization.

Each site should designate one staff member to be the primary vaccine coordinator and an alternate staff member as a backup in the case of unavailability. The vaccine coordinator holds primary responsibility for maintenance of the cold chain by managing equipment, supplies, the vaccines themselves, and other staff. There should be posted documentation on the roles of the coordinator and additionally their contact information in case of an emergency. The sole role of the vaccine coordinator or back up is to:

1. Be responsible for twice daily temperature monitoring and documentation (i.e. at the start of the day and end of the day);
2. Deal with all situations as they pertain to the cold chain immediately when they occur. This includes being available for after hours emergencies;
3. Have written policies for immediately dealing with breaches in the cold chain;
4. Be the designated person who takes and records daily temperatures, maintains and cleans the equipment, orders, ships, and receives all vaccines. They are also responsible for inspecting stock as it arrives and rotating or arranging stock in the refrigeration unit; and
5. Know important information regarding the refrigeration unit that is used to store vaccines, particularly the various temperature zones in the different compartments, the air vent location, and how changes in ambient temperature affect the unit's internal temperature.

All staff members are to be familiar with and to be certain of the importance of maintaining the cold chain. It is especially important to have receptionists or front line staff aware of policies and procedures in place. Any staff member who notices a break in the cold chain is to report immediately to the vaccination coordinator.

6. Stability Guidelines: General Recommendations for Safe Storage and Handling

a. Temperature

Thermostats should never be relied upon to monitor temperature as they may not measure the temperature where the vaccines are stored. It is recommended that additional thermometers be placed inside the unit next to the vaccines on the storage shelf and that these thermometers be used for monitoring purposes. Room temperature should also be monitored at every refrigerator reading. To provide the best safety margin for temperature fluctuations within the +2°C to +8°C range, the refrigerator compartment should be set at +5°C which is mid range and allows for suitable temperature fluctuations. The freezer should be set at -15°C or colder. The temperature of each compartment must be checked at least once in the morning when the door is opened for the first time and at the end of the day just before the door is closed for the last time. The thermometer should be positioned so that the fridge does not have to be opened to read the temperature.

b. Refrigerated and Frozen Vaccines

Heat sensitive vaccines experience an irreversible and cumulative loss of potency following cold chain breaches whereas cold sensitive vaccines experience an immediate loss of potency following freezing.

Vaccines should always be placed on the middle rack in the center of the refrigerator or freezer and never on the side of the door or in the vegetable crisper bins.

c. How to Adjust Temperature

The temperature should be adjusted when it is outside the recommended range already or if over time the temperature trends demonstrate it to be moving toward the upper or lower temperature limit. Only the designated vaccine coordinator should adjust the temperature and if any additional staff notices the unit requires adjustment, they are to alert the vaccine coordinator. When adjusting the freezer temperature, take into consideration that this may potentially affect the temperature of the air venting into the fridge compartment. A warning sign should be placed on the unit saying “DO NOT adjust refrigerator or freezer temperature controls.”

When adjusting the temperature, determine if it is necessary to remove all vaccines and store them appropriately. Check the temperatures inside the refrigerator and freezer and adjust the thermostat slightly. Adjustments should be done slowly; careful not to exceed the recommended temperature range. The temperature inside the unit may take about a half hour to stabilize at which time it should then be rechecked. As needed, continue to adjust the thermostat every half hour but be sure the temperature inside the unit has stabilized before returning the removed vaccines. It is recommended to consult the attached algorithm (Appendix A) reprinted from the Resource Section of the national guidelines found at: http://www.phac-aspc.gc.ca/publicat/2007/nvshgjp-ldemv/pdf/nvshgjp-ldemv_res10-eng.pdf

d. Factors Affecting Temperature Variation

There are many factors that can alter the temperature of vaccines inside a refrigerator or a freezer. The only way to be sure of temperature stability is to do twice daily testing and to record the data. Temperatures can vary in the storage unit based on the contents or load, the seasonal temperature, how often the door is opened or left ajar, and power interruptions. It is recommended not to open the door more than four times a day, as this exposes the vaccines to temperature

variations and compromises light sensitive vaccines as well. Leaving plastic bottles of water along the side of the door rack, in the crisper area and along the walls of the refrigerator including storing frozen packs or ice trays along the walls and racks on the freezer door will help keep an even temperature in the compartments. This will prove beneficial when doors are opened during the day and it will also help keep temperatures stable longer if a power outage occurs.

e. Expiry

Before considering expired vaccines for disposal, determine whether the product can be returned to the manufacturer for credit. Any multi-dose vial without the first puncture date clearly marked on the vial or any uncapped vials must be discarded immediately in accordance with your pharmacy's biomedical waste guidelines. Inventory management ensures appropriate use and minimization of wastage. Rotate stock to ensure product with shortest expiry date is used first.

7. Equipment and Maintenance

a. Thermometers

Thermometers have different calibrations and accuracies thus ask the manufacturer for the accuracy of your specific thermometer, ensuring it has a calibration accurate within +/- 1°C. The only thermometer recommended for domestic vaccine storage units are min/max thermometers that are properly monitored. A reputable thermometer supplier where these products are available is <http://lgpharma.com/indexenglish.html>. These thermometers monitor the temperature constantly and can provide the duration of time the unit has operated outside of the recommended temperature range. Min/max thermometers still must be checked twice a day. Record the current temperature as well as the min and max temperature since the last time it was reset. The thermometer must be reset each time a reading is taken in order to clear the min/ max temperatures. You may want to consider an alarmed min/max thermometer regardless of if you store a large or small supply of vaccines in your unit in order to ensure there are no after hours breaches in the cold chain that would go unnoticed until the next day. ALWAYS properly record and store the daily thermometer readings and have them available for audit if a cold chain incident occurs. In the event of a look-back, retain the temperature logs for 2 years.

Thermometer placement is also essential! They should be placed in the center of the unit away from the walls, door or fan and adjacent to the vaccines in the vaccine box on the middle shelf.

b. Back Up Equipment

Always anticipate that vaccine storage equipment may fail. Arrange to have a backup generator available or another facility with proper equipment where the vaccines may be temporarily stored.

c. Daily, Weekly, Quarterly, and Annual Equipment Maintenance Tasks

Regular maintenance of all equipment is recommended to maintain optimal functioning thus preventing equipment malfunctions. Recording that maintenance tasks were completed is as important as performing the tasks. Always record the date equipment was installed, when repairs and routine cleaning tasks were done, the manufacturer's instructions for routine maintenance, and the contact information for the service provider.

DAILY

The most important daily maintenance task is temperature monitoring and recording. This can be done more frequently, but minimally must be performed at the beginning of the day when the unit is opened for the first time and at the end of the day before leaving. During this time, also note and record the ambient temperature and ensure the doors to the unit are securely closed. Record the date and time of reading, the temperatures of all unit compartments and room temperature; all which must be signed by the vaccine coordinator. This information should be documented in a temperature log and charted on a graph, securely attached to the refrigerator unit. Cold chain breaches must be documented by the vaccination coordinator, indicating the time of the incident, the actions taken, and the outcome followed by the coordinator's signature.

WEEKLY

On a weekly basis, the temperature logs should be reviewed and filed. The storage unit should be examined for a thick layer (greater than one centimetre) of frost. In this event, follow manufacturer's instructions for defrosting the unit, while taking necessary steps to ensure vaccine stability. Examine vaccines and multi dose vials for expiry dates and count remaining stock, updating inventory status.

QUARTERLY

Quarterly, the refrigerator is cleaned. All vaccines should be removed and stored properly while the walls and compartments inside the unit are wiped down with warm, mildly soapy water. The unit should then be dried and allowed to re-stabilize at the proper temperature range. This requires more frequent temperature monitoring; record the temperature every half hour for the next few hours until the temperature is stabilized. At this time the vaccines can be replaced but temperature monitoring must continue as frequently as every half hour for the rest of the day. The cooling coils at the back of the refrigerator unit readily collect dust. Other styles of refrigerators may have the cooling coils on the front of the unit near the bottom, close to the floor. To clean these coils, the refrigerator should be unplugged and the dust gently removed using a dusting cloth, vacuum, or brush. This should not take more than a few minutes, so the vaccines may remain in the refrigerator or freezer unit as long as the door remains tightly closed and are not opened. Door seals should also be inspected and checked at this time, ensuring they are not cracked and seal properly.

SEMI-ANNUAL

Routinely change the battery in the min-max thermometer twice yearly on set dates ie: first Monday in June and December. If back-up power sources are in place, verify minimum twice yearly that they will automatically activate in a power outage.

ANNUAL

Equipment maintenance is done annually as outlined by the manufacturer. Thermometers should also be checked for accuracy using the slush test (see Appendix B); determine if batteries are functioning and that cables and probes are not damaged. Record all findings and actions and retain records for audit!

8. Transportation of Vaccine to Offsite Locations and Clinics

The cold chain must be maintained when vaccines are transported from pharmacies to other sites to be administered. Under these circumstances, a written protocol should be developed including how vaccines will be loaded in the vehicle, what storage and transportation materials to use, the quickest route to take and an estimated time en route. The vaccine coordinator should be the only personnel authorized to package and send vaccines.

Appropriate packing materials for temporary transport either from the pharmacy to a clinic or to another facility include:

Develop a log system to document when vaccine left the pharmacy if being sent to a ward in the hospital to be administered and returned if not given.

1. Insulated containers or the shipping containers that the vaccines arrive in from the manufacturer or alternatively hard sided, plastic, insulated containers or Styrofoam coolers with at least two inch thick walls can be used. Thin walled Styrofoam coolers for recreational use, such as those purchased to hold beverages, are not acceptable;
2. Refrigerator packs;
3. Frozen packs (may be ice or gel, however gel packs may have a freezing point below 0°C and may pose a risk of freezing vaccines. Tap water filled ice packs are the safest type for maintaining the cold chain. NEVER use bagged or loose ice to transport vaccines);
4. Dry ice in situations where product must remain frozen; and,
5. Insulating barrier materials or materials used as barriers between the vaccine and refrigerated or frozen packs and as filler.

- ***NEVER use a cooler bag or lunch bag brought in by the patient.***

The best way to accumulate the proper supplies is to save and use the packing supplies that the drug manufacturers send their vaccine shipments in. As long as they are not damaged or intended for one time use, this is an acceptable and recommended option.

Follow these steps when properly packing a vaccine in preparation for transport:

1. Document the time the vaccine is removed from the refrigeration unit for transport;
2. Pack the vaccine in layers: the bottom layer consisting of a refrigerated or frozen pack covered with an insulating material that acts as a barrier such as bubble wrap or crumpled brown packing paper;
3. Next place the vaccine and a temperature monitor inside and use more insulating materials to fill any remaining space, preventing the shifting of contents during transport. Temperature monitors must be properly placed next to the vaccine and not in contact with refrigerated or frozen packs;
4. Diluents may either be transported at room temperature or inside the same container as the corresponding vaccine. If the diluent is transported inside the cooled container with the vaccine, it must have been refrigerated at least 24 hours in advance so as not to raise the temperature of the cooler and it must not be placed in direct contact with any refrigerated or frozen packs;
5. When packaging the products, consider the number and placement of refrigerated or frozen packs inside the container, the amount of vaccine being packaged, the size of the container, the outside temperature and the distance and time in transit. NEVER pack vaccines tightly as they need adequate air flow around the product to maintain the package's internal temperature; and,
6. Lastly, appropriate and visible labels should be applied to the outside of the container clearly identifying special instructions to refrigerate contents immediately upon arrival.

All transported vaccines should have a min/max thermometer inside the storage compartment next to the vaccine. Consider using a WarmMark or Freeze Watch indicator illustrated in Appendix C. These monitors are intended only for use when transporting vaccines and do not replace twice daily temperature readings. Once activated, the readings are irreversible. After transport, if vaccines are placed in another storage unit, it must meet the aforementioned criteria and temperature monitoring protocols. These monitors are available at <http://lgpharma.com/indexenglish.html>.

When a patient is transporting their own product, ask them to pick up the vaccine on the way to their appointment, discouraging removal from the pharmacy and storage at home. NEVER encourage a patient to take the vaccine home and store it in an unmonitored home refrigeration unit. If this cannot be avoided, provide the patient with the appropriate materials for transport or inspect their own supplies that they bring. Take the opportunity to educate the patient about the principles and importance of proper storage of the vaccine. This is ABSOLUTELY NECESSARY. The patient needs to be educated on how to transport the vaccine in their vehicles. When using personal vehicles to transport or deliver vaccines, NEVER place the vaccine inside the trunk, in direct sunlight, or directly in line with the air from the vehicle's air conditioner or heater. NEVER leave a vaccine unattended in the vehicle or use the vehicle to store the package. Upon delivery, the vaccine must be handed off directly to the appropriate personnel and a signature documenting the exchange should be recorded.

If a patient visits your pharmacy to pick up their vaccine immediately before their scheduled appointment at an office or clinic attached to the pharmacy, the vaccine coordinator must still package the product to ensure the cold chain is maintained. The vaccine does not need to be placed in a sealed box or container as if it were being transported off site; rather the vaccine may be placed in a sealed bag surrounded by a suitable barrier device and then packed with an ice or cooler pack in an insulated bag. This is to ensure that the cold chain is maintained even if the patient must wait longer than expected for their appointment at the clinic.

9. Receiving Vaccinations From Suppliers

Consider stocking only a one month supply or sufficient stock to meet seasonal and outbreak demands.

All staff including reception should be trained in the importance of immediately notifying the vaccine coordinator when a shipment arrives. Only the vaccine coordinator should accept and unpack the order. A visual inspection is necessary to determine if the integrity of the product was maintained during transport and the temperature monitor included in the package should be examined. When examining vaccine shipments for heat or cold damage, look for the following observations:

- Refrigerated packs should still be cold whereas frozen packs can be melted but must still be cold;
- Vaccines should not be in direct contact with refrigerated or frozen packs. They should be separated by an insulating barrier; and,
- Diluents should be cool or at room temperature.

Next, vaccines must be immediately unpackaged and safely transferred to the storage compartment. As the quantity of stock in the unit affects the temperature of the unit, frequent temperature monitoring should then take place. Stock should be rotated at this time. If there is evidence of a potential cold chain break, immediately quarantine the affected vaccines storing them away from other vaccines but still under the same cold chain conditions. Label the bag of affected product as "Do Not Use". Immediately contact the local immunization office for instruction on what to do. Do not allow the vaccines to be dispensed, but also do not assume that the vaccine has retained its' potency. After all stock is unpackaged and stored, update the inventory so that you always know the following information:

- Quantities of vaccines and diluents that have been received;
- Quantities of vaccines and diluents that have been administered, wasted, or expired;
- Quantities of vaccines and diluents that are currently in quarantine awaiting follow up directions;
- Vaccines and diluents that should be used first; and,
- Vaccines and diluents that need to be ordered.

Keep the packing materials in which the vaccines were packaged from the manufacturer, when appropriate, to use when vaccines are transported from your pharmacy.

When ordering vaccines, some general principles apply including the following:

- The pharmacy is expected to contact the manufacturer directly for information on the product stability;
- Order only enough stock to ensure that you have an adequate supply on hand based on your pharmacy's population needs;
- Order fewer quantities more often; and,
- Alert office staff when an order is placed so arrival can be anticipated

10. Trouble Shooting, Quarantine, and Management of Inappropriate Conditions

The following situations are representative of breaks in the cold chain and examples of how they should be managed.

a. An Equipment or Power Failure.

Whoever discovers the failure is to take immediate action. Contact the vaccine coordinator and promptly ensure the proper management of the vaccines. This involves using a backup generator or transferring the vaccine supply to an alternate unit or facility first before attempting to identify or resolve the problem. Open the refrigerator or freezer doors only when absolutely necessary or once you have made all preparations for packing and transfer of vaccine to an alternative storage unit. The alternate storage unit must meet the aforementioned criteria and be monitored as if it were the primary storage unit.

Anticipate failures in advance and follow established directives. If a unit is out of commission for only a short period of time, it is acceptable to store vaccines in an appropriately packed cooler as long as the temperature can be monitored and maintained. Have a min/max temperature monitor in the cooler and continue to record temperatures. This situation may need to be reassessed if the unit continues to be out of commission for a period of time longer than what was originally expected. Things to consider:

- Protecting the power supply! Avoid using power outlets activated by a wall switch;
- Invest in putting a safety lock or cover over the outlet and screw the cover into the wall;
- Post a warning sign next to the plug where it enters the wall stating "DO NOT unplug";
- Label fuses or breakers; and,
- Consider an alarm system that is able to alert staff if a breach in the cold chain occurs after hours.

b. Administration of an Expired or Compromised Vaccine.

Immediately consult your public health office and immunization program for notification and advice. The patient must be notified and serological testing, revaccination, or further action may be suggested depending on the type of vaccine, duration, and temperature of exposure, and level of immunity acquired. However, each situation will be handled on a case by case basis.

c. The integrity of a vaccine is questioned.

All staff have the authority to question the integrity of a vaccine and report it to the vaccine coordinator. The coordinator will then contact the public health office or immunization program for advice.

d. There is a problem with a thermometer.

First, attempt to replace the batteries. If this does not work, contact the manufacturer for recommendations on calibration or replacement and use another thermometer to monitor temperatures.

e. There is a breach in the cold chain.

A cold chain break is any circumstance where a biological is exposed to temperatures outside the +2°C to +8°C range. Immediately consult the regional immunization program and quarantine the products, marking them as DO NOT USE, but continue to store under appropriate conditions. Do not discard anything until instructed to do so.

f. Your unit is newly installed or repaired.

The unit thermostat must be reset to the preconditioned temperature and stabilized before any vaccines can be returned. In this situation, allow for one week of twice daily fridge and freezer temperature recording before using the unit to store vaccines.

11.11. Contact Information

All pharmacies should post on the refrigerator up to date contact information for the following:

- Designated vaccine coordinators;
- Written emergency protocols and emergency contact information;
- Provincial, territorial, or local public health office and immunization programs;
- Refrigerator/freezer manufacturer and maintenance company;
- Sources for supplies of packing materials and thermometers; and,
- Post manufacturer requirements for the storage of each vaccine and diluent.

12. Resources and References

For all the resources needed such as checklists and forms, consult the Resources Section of the National Vaccine Storage and Handling Guidelines at:

http://www.phac-aspc.gc.ca/publicat/2007/nvshgjp-ldemv/pdf/nvshgjp-ldemv_res-eng.pdf

Temperature monitoring devices for storage and transport that are recommended within these guidelines are available at <http://lgpharma.com/indexenglish.html>.

To obtain useful visual aids such as fridge magnets like the attached (Appendix D) that can be posted as reminders in your pharmacy, contact Estelle Arseneault at the Public Health Agency of Canada. (estelle_arseneault@phac-aspc.gc.ca)

A vaccine temperature log may also be printed off the British Columbia Center for Disease Control website at:

<http://www.bccdc.org/search.php?terms=vaccine+stability+chart>

The following documentation can be found on the Public Health Agency website at <http://www.phac-aspc.gc.ca>:

1. Canadian Immunization Guide, Seventh Edition, 2006
2. National Vaccine Storage and Handling Guidelines for Immunization Providers, 2007

Additional reference:

1. Canadian Pharmacist's Letter, Vol. 24, No. 5, May 2008.
2. Saskatchewan Immunization Manual, June 2008, Section 7-50

<http://www.health.gov.sk.ca/immunization-manual>

13. Acknowledgements

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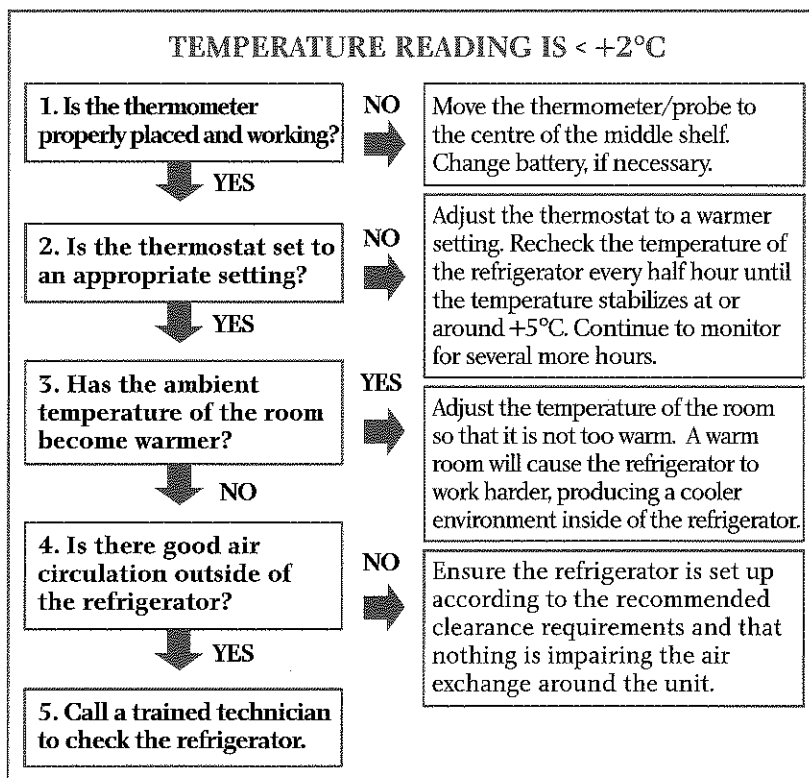
Dr. Shauna Hudson

Medical Health Officer

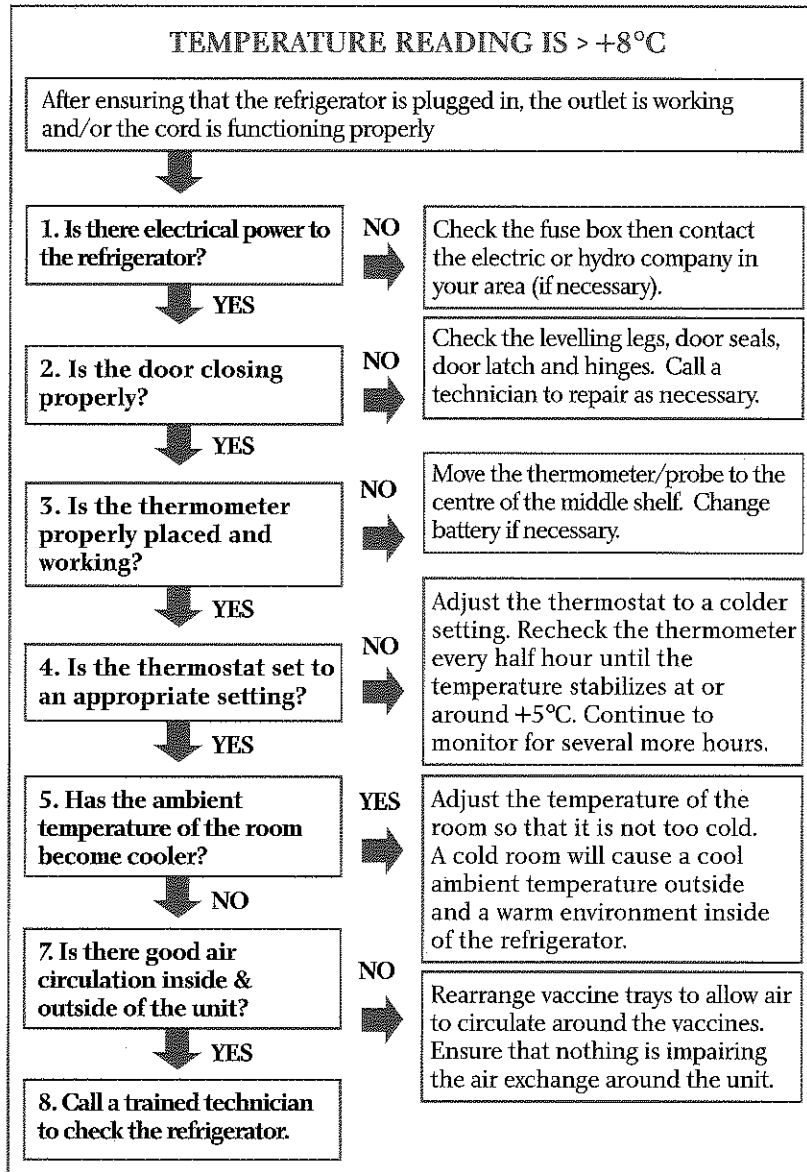
Sun Country Health Region

Algorithm to Assess Problems in Temperature Readings Outside the Recommended Ranges* (Section 6)

Prior to assessment of the problem, move vaccine to a backup refrigerator or activate the Urgent Vaccine Storage and Handling Protocols.



Prior to assessment of the problem, move vaccine to a backup refrigerator or activate the Urgent Vaccine Storage and Handling Protocols.



Appendix B: The Slush Test

You can use this test to annually check the accuracy of your thermometer. Other tests should not be used as they are not considered to be reliable. Fill a plastic cup two thirds with cold water. Place the cup in the freezer until a fine layer of ice forms on top and a small section of ice forms within the fluid, which takes approximately two hours. If ice is present, this ensures the mixture is 0°C. Place the thermometer probe in the middle of the cup without touching the sides and observe the temperature after two minutes, at which time the temperature should have dropped to 0°C.

(Taken from the Canadian Immunization Guide – Seventh Edition – 2006)

Appendix C: WarmMark and Freeze Watch Indicators.

From the Saskatchewan Immunization Manual, June 2008, Section 7-50

<http://www.health.gov.sk.ca/immunization-manual>

WarmMark

These indicators are used to monitor vaccines that are sensitive to warmer-than-acceptable temperatures during transport. When the indicator is exposed to unacceptable temperatures, a red dye moves through a window slowly over time, but if after an initial infarct the temperature recovers and falls within the accepted range, the dye stops moving. This type of monitor is accurate to +/- 1°C but when analyzing the device, it should be considered that these products are to identify possible cold chain breaches only and do not assess the overall quality of the product. Indicators must be preconditioned prior to use so for complete directions on how to use this indicator consult the Saskatchewan Immunization Manual referenced above.

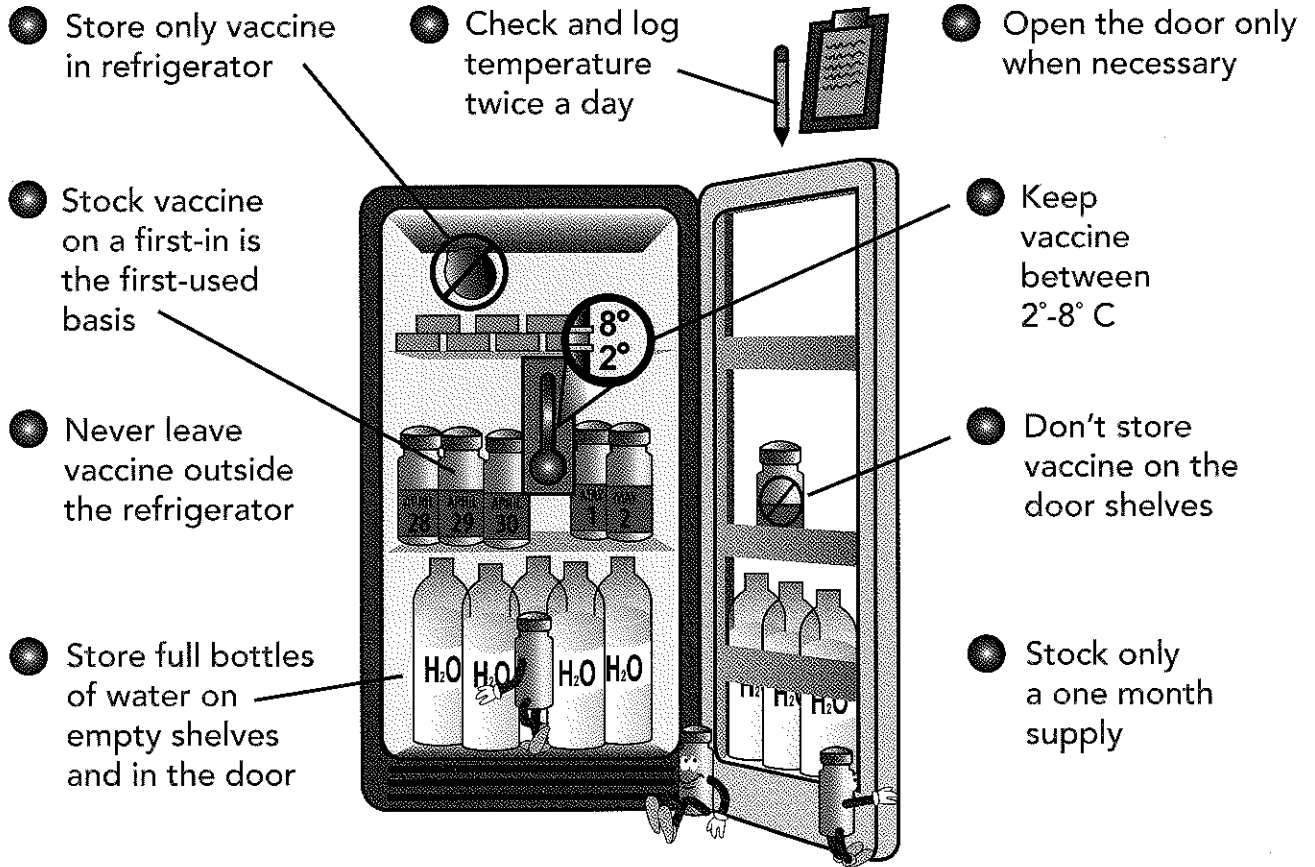
Freeze Watch

These indicators are used to ensure the cold chain is maintained by indicating if products have been exposed to freezing temperatures. Available to monitor two different temperature levels of -4°C and 0°C, a colour stain is indicated on the paper if temperatures have breached these limits. This monitor does not need to be preconditioned to a certain temperature but it must be at room temperature before use.

Note: Some models are single use only while others may be reusable. These indicators also have shelf lives that need to be honoured to ensure that the integrity of the monitor does not lead to false perception of the integrity of the vaccine.



VACCINE REFRIGERATOR



Reference: National Vaccine Storage and Handling Guidelines for Immunization Providers 2007

www.publichealth.gc.ca/storage