

HSE National Cold Chain Service
delivered by



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United
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United Drug Distributors in partnership with the Health Service Executive (HSE) are delighted to announce that we will be managing the HSE National Cold Chain Service from 1st January, 2007. United Drug Distributors are committed to providing a first class service to all customers. With this in mind we have put together the following booklet, which we hope will clearly outline the scope of this service and answer any questions or queries you may have.

1. The Cold Chain and Vaccine Management
2. Sample GP Order form and Explanation
3. Sample Delivery note and Explanation
4. Sample Vaccine Return Form and Explanation
5. Contact names and numbers
6. FAQ

THE COLD CHAIN AND VACCINE MANAGEMENT

The Importance of the Cold Chain

All vaccines are sensitive to heat, cold and light and must be kept at temperatures between 2-8°C. The cumulative effect of leaving vaccines outside this temperature range can result in the loss of vaccine potency.

The “Cold Chain” is the system of correct storage, transport and maintenance of vaccines to ensure that they are protected from inappropriate temperatures and light from the time of manufacture to administration.

All routine vaccines are stored and delivered under temperature controlled conditions by the HSE National Cold Chain Service to GP surgeries, hospitals and Local Health Offices.



Vaccine Ordering and Usage

- There should be a designated person in charge of the ordering, receipt and storage of vaccines.
- The designated person should order sufficient vaccines from the HSE National Cold Chain Service on a monthly basis or in an emergency additional supplies can be delivered
- When vaccines are delivered they should be checked against the order for any damage or discrepancy
- Vaccines must be placed in the refrigerator immediately and not left at room temperature
- Vaccines stored outside temperature controlled conditions should not be used

Vaccine Storage

- Vaccine refrigerators are recommended for the storage of vaccines. Manufacturer's recommendations on storage should be observed.
- Vaccines should be stored in the pharmaceutical refrigerator which should not be overfilled to allow air to circulate around the packages. They should not be stored on the shelves or storage compartments of the door of non pharmaceutical refrigerators.
- Vaccines must be stored in their original packaging which should not touch the sides or back of the refrigerator.
- Door opening should be kept to a minimum
- Vaccines with the shortest expiry date should be used first. Vaccine stocks should be rotated so that vaccines with shorter expiry dates are at the front of the refrigerator.
- A maximum/minimum thermometer should be used in refrigerators where vaccines are stored, irrespective of whether the refrigerator incorporates a temperature indicator dial. The maximum and minimum temperatures reached should be monitored and recorded daily. Temperature record logs are best kept close to the refrigerator for ease of reference.
- The vaccine refrigerator should be defrosted regularly as ice builds up and cleaned with a 1:10 solution of sodium hypochlorite. Vaccines should be stored in another refrigerator or cool box while doing this.
- Records should be kept of refrigerator maintenance and servicing.

- Care should be taken to ensure that the electricity supply to the vaccine storage refrigerator cannot be accidentally interrupted. This can be achieved by using a switchless socket or by placing cautionary notices on plugs and sockets.
- Food and drink must not be stored in refrigerators used for vaccines.

IF THE FRIDGE IS ACCIDENTALLY TURNED OFF:

- Keep the door closed.
- Find out how long it has been off and check the temperature
- **Contact the Chief Pharmacist, National Immunisation Office for further advice Tel. 087 9915452 or 01 8676108.**

Disposal of Vaccines

- Reconstituted vaccine must be used within the recommended period, varying from one to four hours, according to the manufacturer's instructions.
- Single dose containers are preferable; once opened multidose vials must not be kept after the end of the session.
- Contaminated waste and spillage should be dealt with by heat sterilisation, incineration or chemical disinfection as appropriate.
- Expired or damaged vaccines must not be used and should be returned to the HSE National Cold Chain Service at the next delivery.

Sample GP Vaccine Order Form

HSE National Cold Chain Delivery Service

United Drug House, Magna Business Park,
Citywest Road, Dublin 24.
Registered in Ireland as United Drug plc. Company No. 12244

GP Vaccine Order Form

PLEASE COMPLETE IN FULL

Account Name: _____ Practice Name: _____ Address: _____ _____ _____ Tel: _____ Fax: _____ Email: _____	Customer Service Team HSE National Cold Chain Service United Drug House Magna Drive Magna Business Park Citywest Road Dublin 24 Tel: +353 (1) 463 7770 Fax: + 353 (1) 463 7788 Email: vaccines@udd.ie
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No prior approval is required for the following vaccines

Vaccines	Order Quantity Doses
5 in1 (DtaP/IPV/Hib)	
Meningococcal C	
MMR	
Hib (Haemophilus Influenza Type B)	
4 in 1 (DTaP/IPV)	
Low dose Diphtheria/Tetanus (Td) (licensed for use in those over 5 years)	
Influenza Vaccine	
Pneumococcal Vaccine	

Other Vaccines for which approval is required before ordering

Vaccines	Order Quantity Doses
Hepatitis B Adult	
Hepatitis B Paediatric	

PLEASE ADVISE ANY CHANGE TO CONTACT DETAILS FOR OPENING HOURS

Order placed by (Print Name) _____ Signature _____
 Date _____

Please Fax your Completed Order Form to: **01 463 7788**

GP/Clinic Details

Contact Details

List of Vaccines

Quantity Details

List of Vaccines

Details of Change

Signature

Customer Service Fax

Order Form Explained

GP / Clinic Details: Account Number / Name / Address / Contact Name & Telephone Number

Contact Details: Customer Services Team Office Details.

Fax: Fax Number for the Customer Services Team.

Vaccines: List of common Vaccines.

Quantity Details: The quantity you are ordering.

Details Of Change: Any changes to contact details or other relevant information.

Signature: Name and signature of person putting through the order.

Sample Delivery Note

Account Details 7 Time/ Date Account Delivery Your Sales Order Transaction
 Delivery Address order taken Number Number Reference Number Type

PAGE 1 OF 1 DELIVERY

DR ERWARD & MARSELL, O'CALLAGHAN
 NEWTOWN
 BRUFF
 LIMERICK

Account	Delivery Number	Your Reference	Order Number	Type	Completed Date
30000	8	test 291106	300034	sinv	29/11/2006 11.16

Taken by: Brendan McCaffrey Order time: 29/11/2006 Del Method: SCHEDULED DELIVERY

QTY	CATALOG	PRODUCT DESCRIPTION	ITEMS	LINES
5	5	ENERGIX (PAED) 10MCG/0.5ML LOT: 321 EXP: 03/02/2001	5	1

ITEMS: 5
LINES: 1

Delivery Route: LIMERICK - WEEK 1 - DAY 1 - VAN 1

Customer Service Person

Product

Product Batch Number

Product Expiry Date

Date/time Order Processed

Delivery Type

Quantity Despatched

Delivery Route

Total Number Items Despatched & Total Number Lines Despatched

Delivery Note Explained

(Your delivery note will be included with all deliveries.)

- Account Details & Delivery address:** Name & address of surgery, Clinic or Hospital.
- Account Number:** Your Account Number with United Drug Distributors (UDD).
- Date, Time Order was Taken:** Time/date the order was inputted to our system for processing.
- Delivery Number:** The UDD Delivery number for your order.
- Your Reference:** This is an optional reference number you may wish to give UDD at the time you are placing your order, so you can track that particular order on your own system. This is an optional field
- Sales Order Number:** This is a unique UDD reference number for your order.
- Transaction Type:** This is the UDD transaction type the order was processed under.
- Completed Date:** This is the date & time the order was completed.
- Delivery Type:** This indicates whether the order was a scheduled order or outside the regular delivery schedule.
- Quantity Despatched:** This indicates the number of packs of each vaccine despatched.
- Total Number of Lines & Items despatched:** This gives details of full order delivered, That is number of products and the number of packs of each product.
- Delivery Route:** This is UDD delivery route that the order was assigned to.

Sample Return of Cold Chain Product Form



HSE National Cold Chain Delivery Service

United Drug House, Magna Business Park,
Citywest Road, Dublin 24.
Registered in Ireland as United Drug plc. Company No. 12244

Vaccine Return Form

Route Code

THIS FORM SHOULD BE COMPLETED FOR RETURNING ALL OUT OF DATE, DAMAGED AND UNUSED VACCINES, WHICH REQUIRE DESTRUCTION.

Customer Details

Name			
Address			
Tel No		Fax No	

PLEASE COMPLETE IN FULL

Vaccine Name	Product Name	Quantity	Batch Number	Expiry Date
5 in 1 (DtaP/IPV/HIB)				
4 in 1 (DtaP/IPV)				
Meningococcal C				
MMR				
Td				
Pneumococcal				
Influenza Vaccine				
Others (please give details of each vaccine)				

FREQUENTLY ASKED QUESTIONS

How often will I receive Vaccine deliveries?

You will receive your delivery once a month from United Drug Distributors. For the majority of the year this means every 4 weeks.

However be aware that for some months there will be a 5-week gap before your next delivery. For January, March, May and August 2007 you should order for 5 weeks supply rather than 4 weeks.

For deliveries that fall on a Bank holiday Monday, our customer services office will be in contact to advise of an alternative delivery day.

How will I know when my delivery is due?

United Drug Distributors will provide you, with a laminated sheet detailing your monthly delivery dates in advance.

How do I order my vaccines?

United Drug Distributors will provide you with an order form, which can be faxed/e-mailed to our customers services office. Orders can be placed by telephone, fax or e-mail.

Tel no: (01) 463 7770
Fax no: (01) 463 7788
E-mail: vaccines@udd.ie

If it is noted that no order has been placed within 1 week of your scheduled delivery date, you will be contacted by the Customers Service Team by phone one week in advance of your delivery to take your order or confirm that you do not require a delivery.



How do I know my order has been taken/received correctly?

You should receive an automated email/fax giving details of your confirmed order.

What do I do if I have queries about my order?

Please contact the Customers Services Team at United Drug Distributors on:

Tel No: (01) 463 7770
Fax no: (01) 463 7788
E-mail: vaccines@udd.ie

Who do I contact if I have any queries about the actual vaccines?

All queries other than delivery or orders queries should be directed to the National Immunisation Office Tel: 01 8676108

What do I do if I need an emergency delivery?

All emergency deliveries incur significant additional expenses. If an emergency delivery is required you should contact the Customers Services Team at United Drug Distributors on Tel No: (01)4637770

How do I make sure I don't run out of vaccines before my next scheduled delivery?

Sufficient quantities of all vaccines should be ordered to ensure that you have at least 2 weeks surplus supply.

How can I return out of date, damaged or unused vaccines for disposal?

The HSE National Cold Chain Service at United Drug Distributors and HSE actively seek the return of out of date vaccines. Please see sample vaccine return form in this booklet that should accompany all returns. At all times returns can be given to your driver at your next delivery.



UDD & HSE National Cold Chain Services

Contact Details

Telephone Number: 01 463 7770

Fax Number: 01 463 7788

Email Address: vaccines@udd.ie

Key Contacts:

Anne McCarthy

Business Unit Manager Cold Chain Services

Direct Line: 01 463 7372

Deirdre Burgess

Customer Services Representative

Direct Line: 01 463 7302

Jennifer Doran

Customer Services Representative

Direct Line: 01 463 7304

Sandra Foley

Customer Services Representative

Direct Line: 01 463 7305

Siobhan O'Toole

Customer Services Representative

Direct Line: 01 463 7405

