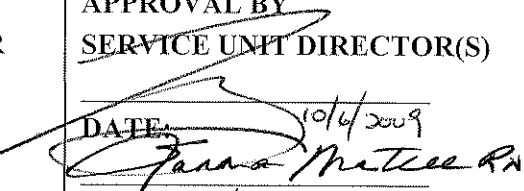


**COOK COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**POLICY AND PROCEDURE MANUAL**

<b>POLICY</b> TITLE: Management of Vaccine in Community Sites for Influenza A H1N1 Initiative		<b>POLICY NUMBER:</b> 773-1003-09
DATE OF ORIGIN: 10.6.2009 DATE LAST RENEWED OR REVISED: NEXT REVIEW: 10.6.2010	<input type="checkbox"/> CORE POLICY <input checked="" type="checkbox"/> SERVICE UNIT POLICY	<b>RELATED POLICIES:</b>
APPROVAL BY CHIEF OPERATING OFFICER  _____ N/A _____ DATE:	APPROVAL BY SERVICE UNIT DIRECTOR(S)  DATE: 10/6/2009 DATE: 10/6/2009	PAGE 1 of 3

**I. POLICY**

In order to reduce morbidity and mortality from H1N1 influenza infection, the CCDPH is working with local governmental agencies and emergency management authorities to make vaccine available to adult and pediatric patients who fall within the categories identified for vaccination in guidelines from the Illinois Department of Public Health (IDPH), Centers for Disease Control and Prevention (CDC), and Advisory Committee on Immunization Practices (ACIP) between October 1, 2009 and March 31, 2010. Some initiatives will involve providing vaccination off-site at community-based clinics such as schools. This policy details the procedure for the management of vaccine to ensure its biological integrity and efficacy.

**II. SERVICE UNITS/AREAS/PERSONNEL AFFECTED**

- A. Integrated Health Support Services Nursing Personnel
- B. Physicians, Dentists and Advanced Practice Nursing Personnel Reporting to the Chief Medical Officer
- C. Volunteers, Local Governmental Agency Personnel and Nurse Consultants to Licensed Daycare Centers who are working under the direction of the Cook County Department of Public Health in cooperation with the Cook County Emergency Management Agency.

**III. DEFINITIONS**

- A. CCDPH Charge Nurse is the staff nurse from the Cook County Department of Public Health assigned to oversee the clinical functions at the community clinic including but not limited to vaccine management.

**IV. PROCEDURE**

- A. Delivery to community clinic
  - 1. Responsibilities of the Driver at Time of Delivery
    - a. Deliver vaccine in CCDPH approved cooler on ice/cool pack.
    - b. Have CCDPH Charge Nurse sign Chain of Custody Form TO Community Clinic.
  - 2. Responsibilities of the CCDPH Charge Nurse
    - a. Sign Chain of Custody Form TO Community Site.
    - b. Remove vaccine from cooler(s) and place in designated refrigerator. DO NOT FREEZE.
    - c. Record temperature of refrigerator using thermometer supplied in cooler. Vaccine should be stored between 2° and 8°C (36° and 46°F). Reports any concerns regarding temperature to Incident Command for instruction.

- d. Place ice/cool packs in freezer.
- e. Validate quantity received against Chain of Custody Form. Report any discrepancies to Incident Command prior to start of vaccination.
- f. Record lot numbers on H1N1 Vaccine Accountability Form (Attachment A) for clinic.
- g. Remove ice/cool packs in freezer and place in vaccination station coolers
- h. Allocate vaccine to vaccination stations at the beginning and throughout the clinic station minimizing amount of time that vaccine is not stored in the refrigerator.
- i. Records refrigerator temperature at end of clinic session.
- j. Completes H1N1 Vaccine Accountability Form indicating amount of vaccine used, temperature at end of clinic session, and reconciles amount of vaccine used with consent forms.
- k. Completes Chain of Custody Form FROM Community Site for return of vaccine to Oak Forest Hospital.
- l. Places H1N1 Vaccine Accountability Form, Chain of Custody Forms, and consents in plastic bag #1.
- m. Labels plastic bags with the following information:
  - a. Date
  - b. School Name
  - c. Charge Nurse
  - d. Number of Consents in Bag
  - e. Bag Number of Total Bags
  - f. Packs unused vaccine in CCDPH approved cooler on ice/cool packs from freezer.
  - g. Places plastic bags on top of vaccine in the CCDPH approved cooler.

#### **B. Pick-up from Community Site**

1. Responsibilities of the CCDPH Charge Nurse
  - a. Presents Chain of Custody Form FROM Community Site to Driver for signature.
  - b. Returns signed Chain of Custody Form FROM Community Site to plastic bag #1.
2. Responsibilities of the Driver at Time of Pick-up
  - a. Pick-up vaccine in CCDPH approved cooler on ice/cool pack.
  - b. Return unused vaccine supplies to Oak Forest Hospital (OFH) Main Hospital Pharmacy (need to obtain specifics on main pharmacy.)
  - c. Presents Chain of Custody Form with unused vaccine supplies to OFH Pharmacy Representative.

**Attachment A**

**Cook County Department of Public Health  
H1N1 Vaccine Accountability Form**

Name of Clinic: \_\_\_\_\_

(Enter School Name)

Change Nurse: \_\_\_\_\_

(Print and sign name)

Date of Clinic: \_\_\_\_\_

Refrigerator Temp \_\_\_\_\_ Clinic Start \_\_\_\_\_  
*Vaccine should be maintained between 2° and 8°C (36° and 46°F).* Clinic End \_\_\_\_\_

Note: Column A – (Column B + Column C) = Column D AND Column C = Column E

Vaccine Manufacturer and Type	Lot Number	Expiration Date	Column A # of Doses of Vaccines Assigned to Clinic	Column B # of Doses of Vaccines Wasted (doses discarded)	Column C # of Doses of Vaccines Administered in Clinic	Column D #Doses of Vaccine to be Returned to Stock	Column E # of Doses Vaccine Used Validated vs. Encounter Forms (Y =Yes, N = No)
MedImmune 0.2 mL Pre-filled Nasal Sprayer							
Sanofi – Pasteur 0.25 mL Pre-filled Syringe							
Sanofi – Pasteur 0.50 mL Pre-filled Syringe							
Sanofi-Pasteur 0.5 mL Single-dose Vial							
Sanofi-Pasteur 5.0 mL Multi-dose Vial							
Novartis 0.50 mL Pre-filled Syringe							
Novartis 5.0 mL Multi-dose Vial							
CSL 0.5 mL Pre-filled Syringe							
CSL 5.0 mL Multi-dose Vial							

**Cook County Department of Public Health (CCDPH)**

**Influenza A (H1N1) Vaccine**

**CHAIN OF CUSTODY FORM TO COMMUNITY SITE**

From	Entity #1	To	Entity #2	To	Entity #3 – Community Clinic Site
	CCDPH/Oak Forest Hospital Pharmacy		SAV-RX Prescription Services		

**Entity #2 /Receiving/Transferring Facility Name:** SAV-RX Prescription Services

**Address:** Oak Forest Hospital “E” building Pharmacy, 15900 South Cicero Avenue; Oak Forest, IL 60452

**Entity #3/Receiving Community Clinic Site Name:**

**Address:**

**Vaccine must be maintained between 2° and 8°C (36° and 46°F).**

Type of H1N1 Vaccine	Number of Units (Sprayers, Syringes, Vials)	Total Number of Doses	Multiple Lot #'s in Shipment Y= Yes, N = No	Initials of Person Verifying Count SAV-RX	Initials of Person Verifying Count Community Clinic
MedImmune 0.2 mL Pre-filled Nasal Sprayer					
Sanofi-Pasteur 0.25 mL Pre-filled Syringe					
Sanofi-Pasteur 0.50 mL Pre-filled Syringe					
Sanofi-Pasteur 0.5 mL Single-dose Vial					
Sanofi-Pasteur 5.0 mL Multi-dose Vial					
Novartis 0.50 mL Pre-filled Syringe					
Novartis 5.0 mL Multi-dose Vial					
CSL 0.5 mL Pre-filled Syringe					
CSL 5.0 mL Multi-dose Vial					
Other:					

**Each individual signing below has transferred or received custody of the Vaccine Supplies documented on the above chart and acknowledges the Vaccine Supply storage specifications set forth above:**

Angela Wojslaw, RPh  
Name of Person Authorized to Transfer Custody/Entity #1

Joseph Chimienti, RPh  
Name of Person Authorized to Transfer Custody/Entity #2

\_\_\_\_\_  
Name of Person Authorized to Receive Supply/Entity #3

Pharmacist/Oak Forest Hospital  
Title/Position

Pharmacist in Charge  
Title/Position

Charge Nurse  
Title/Position

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

**The individual signing below is a representative of the Transport/Trucking Company contracted by the CCDPH and, acting under the authority of the CCDPH, has received and transferred custody of the Vaccine Supplies as documented above.**

\_\_\_\_\_  
Name and Title of Person Transporting Vaccine Assets

\_\_\_\_\_  
Signature and Date

Cook County Department of Public Health (CCDPH)  
 Influenza A (H1N1 Vaccine)  
 CHAIN OF CUSTODY FORM FROM COMMUNITY SITE

From	Entity #1 – Community Clinic	To	Entity #2
			CCDPH/Oak Forest Hospital Pharmacy

Entity #1/Transferring Facility Name:

Address:

Entity #2/Receiving Entity Name: Oak Forest Hospital Pharmacy

Address: 15900 S. Cicero Avenue Pharmacy Storeroom #24; Oak Forest, IL 60452; phone 708-633-4420

Vaccine must be maintained between between 2° and 8°C (36° and 46°F).

Type of H1N1 Vaccine	Number of Units (Sprayers, Syringes, Vials)	Total Number of Doses	Multiple Lot #'s in Shipment Y= Yes, N = No	Initials of Person Verifying Count Community Clinic	Initials of Person Verifying Count Oak Forest Hospital
MedImmune 0.2 mL Pre-filled Nasal Sprayer					
Sanofi-Pasteur 0.25 mL Pre-filled Syringe					
Sanofi-Pasteur 0.50 mL Pre-filled Syringe					
Sanofi-Pasteur 0.5 mL Single-dose Vial					
Sanofi-Pasteur 5.0 mL Multi-dose Vial					
Novartis 0.50 mL Pre-filled Syringe					
Novartis 5.0 mL Multi-dose Vial					
CSL 0.5 mL Pre-filled Syringe					
CSL 5.0 mL Multi-dose Vial					
Other:					

Each individual signing below has transferred or received custody of the Vaccine Supplies documented on the above chart and acknowledges the Vaccine Supply storage specifications as set forth above:

\_\_\_\_\_  
 Name of Person Authorized to Transfer Custody/Entity #1

Kathleen Hulliberger, RPh or Joseph Kowalczyk, RPh  
 Name of Person Authorized to Receive Supply/Entity #2

Charge Nurse  
 Title/Position

Pharmacist/Oak Forest Hospital  
 Title/Position

\_\_\_\_\_  
 Signature and Date

\_\_\_\_\_  
 Signature and Date

The individual signing below is a representative of the Transport/Trucking Company contracted by the CCDPH and, acting under the authority of CCDPH, has received and transferred custody of the Vaccine Supplies as documented above.

\_\_\_\_\_  
 Name and Title of Person Transporting Assets

\_\_\_\_\_  
 Signature and Date