

## Ordering of Vaccines for the School Health Vaccination Programme and the Transportation of Vaccines

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**Responsible Directorate:**

Children's Services

**Replaces (if appropriate):**

Legacy Homefirst Protocol for Ordering of Vaccines for the School Health Vaccination Programme and the Transportation of Vaccines (July 2007)

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**Approved by:**

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**NHSCT MISSION STATEMENT**

**To provide for all the quality of services we would expect for our families  
and ourselves**

## Protocol for Ordering of Vaccines for the School Health Vaccination Programme and the Transportation of Vaccines

### 1.0 Introduction

- 1.1 A core function of the School Health Service is to provide an immunisation programme to school aged children.
- 1.2 The efficacy of vaccine can only be guaranteed if the temperature is maintained between 2 ° and 8°C. Failure to keep vaccine within this recommended temperature range compromises both the efficacy of the vaccine and the attainment of satisfactory levels of immunity. This increases a person's chance of subsequently contracting an infection to which they had previously thought they were protected.

### 2.0 Pre-Requisition Process

- 2.1 Year 11/12 pupils who have not previously received the school leaving booster of Diphtheria (LD), Tetanus and Polio are offered this immunisation in a combined, single, intramuscular injection.
- 2.2 Measles/Mumps/Rubella (M.M.R.) is also offered to all pupils in Year 11 who have not previously received two doses of M.M.R. Year 12 pupils are only offered M.M.R. if they are being scheduled for a recall of school leaving booster.
- 2.3 Human papilloma virus (HPV) vaccine is offered to all Year 9 and Year 10 girls who have not previously received this vaccine
- 2.4 The School Immunisation Team Coordinator will contact the Child Health System (C.H.S.) Manager by the **1<sup>st</sup> June** each year to ascertain the anticipated numbers of vaccinations required for the next academic year for individual schools.
- 2.5 Pharmacy must be made aware by **30<sup>th</sup> June** each year of the anticipated total vaccine requirements for the next academic year in order that the Assistant Chief Pharmacist can alert Castlereagh Vaccines of the total quantity required for the Trust's forthcoming vaccination programme.  
N.B. for Revaxis (Dip (LD)/Te t/IPV) actual quantities ordered will not equate with anticipated numbers required as many of the young people receive their vaccination from their G.P. On the basis of previous figures it would be reasonable to order 65% of the estimated total. There are no similar figures for MMR requirements.

2.6 The School Immunisation Team Coordinator will prepare a schedule for Vaccination Sessions in schools by **1<sup>st</sup> June** each year. This schedule will be forwarded to the School Immunisation Team, so they can agree the proposed dates with the individual schools. The agreed schedule will then be forwarded to the school records officers to facilitate scheduling of vaccination consent forms. This schedule **must** also be submitted to the Assistant Chief Pharmacist and the Transport Manager if required (contact details Appendix 1).

2.7 The School Immunisation Team Coordinator will order three copies of individual schools name address labels from the C.H.S. manager and forward to the relevant Hospital Pharmacy Departments.

### 3.0 **Requisitions**

3.1 By the **31<sup>st</sup> July** the School Immunisation Team Coordinator will submit requisitions for vaccine required for the entire programme; specifying the quantities required for individual schools each week of the programme; using the vaccine requisition form.

3.2 Orders will be placed with the Hospital Pharmacy Departments as follows:

(A) For Antrim, Ballymena and East Antrim schools submit requisitions to Antrim Area Hospital Pharmacy.

(B) For Mid Ulster schools submit requisitions to Mid Ulster Hospital Pharmacy.

(C) For Northern sector schools submit requisitions to Causeway Area Hospital Pharmacy.

3.3 Requisition forms are completed in duplicate and must clearly state that the requisition is for the School Health Vaccination Programme with cost centre code 4050. The relevant 3digit pharmacy code (see appendix 1) should be utilised – this ensures the charging process is accurate.

White original is forwarded to the appropriate Hospital Pharmacy Department.

Pink copy is retained by the School Immunisation Team Coordinator.

#### **N.B.**

3.4 The School Immunisation Team Coordinator **must** notify the appropriate Hospital pharmacy Department (Appendix 1) of the **exact quantity required at least 3 days prior to the Vaccination Session.** Exact numbers can only be confirmed when all consent forms have been returned.

#### **4.0 Dispatch from Hospital Pharmacy Department**

- 4.1 A Clinimed Vaccine Porter **must** be utilised at all times to ensure that the cold chain is maintained. The Clinimed Vaccine Porter is the recommended choice as it has been validated for multiple openings.
- 4.2 Deliveries will be made directly to individual schools.
- 4.3 Vaccines will be delivered to the schools in accordance with the school schedule prepared each June.
- 4.4 The vaccines for the individual schools will be assembled into Clinimed Vaccine Porters by Pharmacy Staff and will be ready for collection at **approx 8.45 AM** by the driver.
- 4.5 Different batch numbers and/or “use first” vaccines **must** be packed separately and clearly identified.
- 4.6 A completed Proforma (Appendix 2&3) for each of the vaccines **must** be inserted into the front pocket of the Clinimed Vaccine Porter.
- 4.7 Additional labels detailing the full postal address of the school and labels to highlight if there are different batch numbers and/or vaccines to be “used first”, will be utilised as appropriate by Pharmacy Staff.

#### **5.0 Receipt at School**

- 5.1 A School Immunisation Team Nurse **must** be present to receive the vaccine porters from the driver.
- 5.2 The driver will deliver the Clinimed Vaccine Porter(s) directly to the room in which the Vaccination Session will take place in the school.
- 5.3 A School Immunisation Team Nurse **must** confirm with the driver the collection time and the place of collection.
- 5.4 Immediately on arrival **the School Immunisation Team Nurse** will complete and sign relevant proforma (s) (Appendix 2,3 or 4) specifying the time of receipt of the vaccine and will also highlight to colleagues if different batch numbers and/or “use first” vaccines are included in the delivery.
- 5.5 During the course of the vaccination session staff **must** ensure that the Clinimed Vaccine Porters are opened as infrequently as possible and re-closed immediately in order to maintain the “cold chain” and the efficacy of the vaccine.

## **6.0 Clinimed Vaccine Porters and Manual Handling**

- 6.1 When it is necessary to move to another location during the course of a vaccination session it is essential that **two members of staff** carry the Clinimed Vaccine Porters, using the carriage straps/ handles attached.

## **7.0 Spillage**

- 7.1 If spillage of vaccine occurs gloves should be worn and spillage soaked up with absorbent material available e.g. paper towels/cotton wool.

The absorbent material should then be disposed of in accordance with Trust Waste Disposal Policy i.e.

Procedure for Managing Hazardous Wastes and Untoward Events Involving Waste (Jan 2002) "Place all materials used for and in cleaning-up the spillage, i.e. all absorbent materials used to soak-up the spillage, gloves and apron worn; into a yellow sharps box (purple lid) or a yellow burn bin (purple lid)".

- 7.2 Spillage on skin should be washed with soap and water or appropriate hand wipes.

## **8.0 Collection at School and return to Hospital Pharmacy Department**

- 8.1 The driver will return to the school at the designated time as per the schedule to collect the Clinimed Vaccine Porters.
- 8.2 A School Immunisation Team Nurse **must** ensure that the relevant section of the proforma(s) (Appendix 2,3 or 4) has been completed and that **ALL** Clinimed Vaccine Porters originally received are returned.
- 8.3 A School Immunisation Team Nurse **must** additionally ensure that any vaccine returns are detailed on the proforma(s) (Appendix 2,3or 4) in order to ensure that pharmacy staff are aware of this when the driver returns the Clinimed Vaccine Porters.

## **9.0 Audit Trail**

- 9.1 It is essential that all requisitions and/or proforma(s) are comprehensively completed in order that a complete Audit Trail of School Health Vaccines is maintained throughout the Vaccination Programme.
- 9.2 Vaccine Requisition Books must be stored securely within the School Immunisation Team Department.
- 9.3 The Hospital Pharmacy Departments will retain completed Proforma(s). Information from these will be utilised during the planning stage of the following year's programme.

**Authors**

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**Dates**

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First Review: May 2006

Second Review: July 2007

Third Review: July 2009

**Pharmacy Codes**

LOCATION OF SCHOOLS	PHARMACY USER CODE	COST CENTRE	PHARMACY DEPARTMENT
East Antrim, Ballymena & Antrim	051	4050	Antrim Area Hospital
Mid Ulster	782	4050	Mid Ulster Hospital
Northern Sector	885	4050	Causeway Area Hospital

**Pharmacy Contact Details**

Area	Pharmacy	Contact Person	Tele No
Magherafelt & Cookstown	Mid Ulster Hospital	Maureen Hetherington or Stephen Toner	79 366964
Ballymena, Antrim Larne, Carrick & Newtownabbey	Antrim Area Hospital	Karen Campbell	94 424580
Northern Sector	Causeway Hospital	Sharon Johnston or Karen McCollum	70346093

**Transport Contact Details**

Named Person	Base	Tele No
Frances Freestone Transport Manager	Holywell Hospital	94 413150

**Vaccine:** Dip (LD) / Tet / IPV Vaccine (Revaxis)

**Date Despatched:** \_\_\_\_\_

School	Quantity Sent	Batch Numbers

**Delivery:**

**Time Vaccine Porter Collected From Pharmacy:** \_\_\_\_\_

**Drivers Name:** \_\_\_\_\_

**Time Vaccine Porter Received At School:** \_\_\_\_\_

**School Immunisation Team Nurse (Name) Receipt:**

\_\_\_\_\_

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**Collection/Return:**

**Time Vaccine Porter Collected At School:** \_\_\_\_\_

**Time Vaccine Porter Returned To Pharmacy:** \_\_\_\_\_

**Vaccines Returned:**        **Yes**        **No**

**Quantity Returned (if applicable):** \_\_\_\_\_



**Vaccine: Measles/Mumps/Rubella Vaccine (MMR vaxPro / Priorix)**

**Date Despatched:** \_\_\_\_\_

School	Quantity Sent	Batch Numbers

**Delivery:**

**Time Vaccine Porter Collected From Pharmacy:** \_\_\_\_\_

**Drivers Name:** \_\_\_\_\_

**Time Vaccine Porter Received At School:** \_\_\_\_\_

**School Immunisation Team Nurse (Name) Receipt:**

\_\_\_\_\_

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**Collection/Return:**

**Time Vaccine Porter Collected At School:** \_\_\_\_\_

**Time Vaccine Porter Returned To Pharmacy:** \_\_\_\_\_

**Vaccines Returned:**       Yes       No

**Quantity Returned (if applicable):** \_\_\_\_\_

**Vaccine: Human Papilloma Virus Vaccine (HPV)**

**Date Despatched:** \_\_\_\_\_

School	Quantity Sent	Batch Numbers

**Delivery:**

**Time Vaccine Porter Collected From Pharmacy:** \_\_\_\_\_

**Drivers Name:** \_\_\_\_\_

**Time Vaccine Porter Received At School:** \_\_\_\_\_

**School Immunisation Team Nurse (Name) Receipt:**

\_\_\_\_\_

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**Collection/Return:**

**Time Vaccine Porter Collected At School:** \_\_\_\_\_

**Time Vaccine Porter Returned To Pharmacy:** \_\_\_\_\_

**Vaccines Returned:**       Yes       No

**Quantity Returned (if applicable):** \_\_\_\_\_