

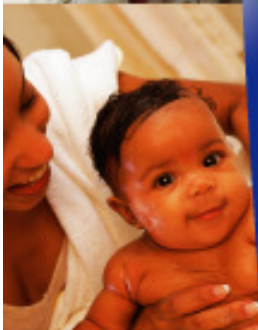
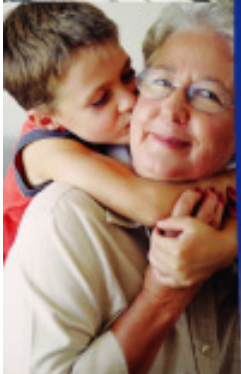
Your Health Connection



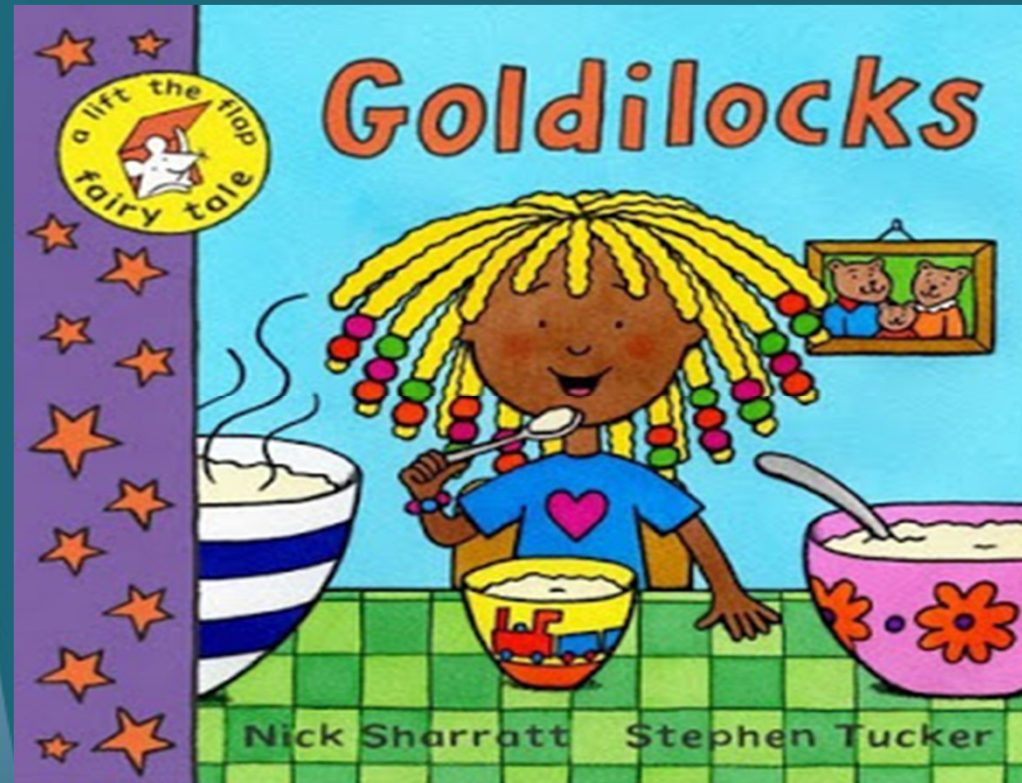
**simcoe
muskoka**
DISTRICT HEALTH UNIT



Are Vaccines Like Porridge?



If you are Goldilocks...



You like your porridge...Just RIGHT!!

Vaccine Storage is just like porridge....

- ◆ It can not be too cold...below 2°C
- ◆ Or too hot.....above 8°C



Storage and Handling Guidelines



Vaccine Storage and
Handling Guidelines



Temperature Log Book

Month: MM/YY Office/Facility: _____

Week 1	Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Current Temp														
Max Temp														
Min Temp														
Initials														
Week 2	Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Current														
Max Temp														
Min Temp														
Initials														
Week 3	Mon		Tue		Wed		Thur		Fri		Sat		Sun	



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muskoka**
DISTRICT HEALTH UNIT

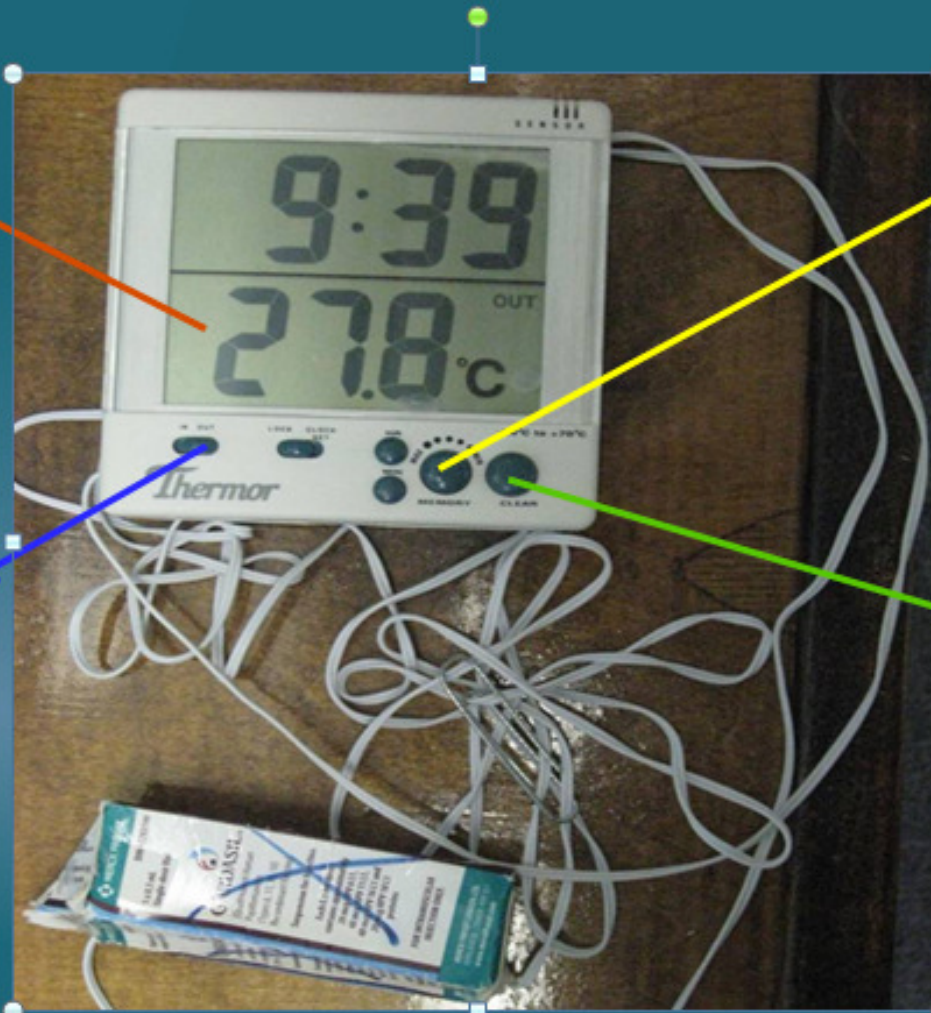
A non-calibrated min/max Thermometer

Read
current
temp first

Press once for
Min-clear
then again for
Max-clear

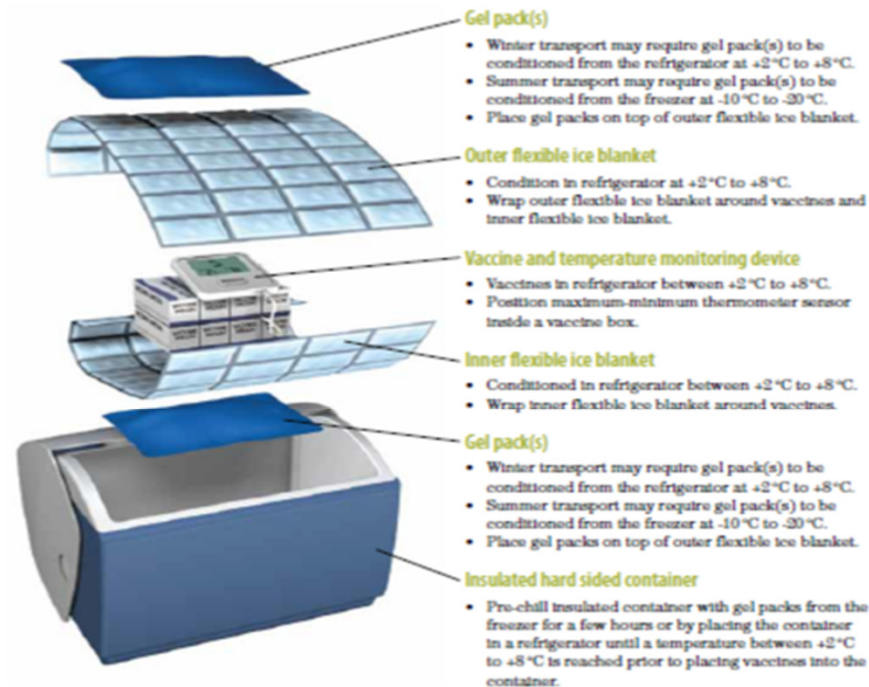
Always set to
“Out”

Clear



Transporting of Vaccines

Detailed instructions on how to pack an insulated container:



Note: Additional icepacks may be required depending on cold-life needed for the length of transport. Additional insulating material (e.g., bubble wrap, Styrofoam chips, crumpled or shredded newspaper) should be placed inside (bottom, top and sides) the insulated container to allow for cool air circulation.

Vaccine Order Form Specific for Flu



Pharmacy: _____
Phone #: _____
Fax #: _____
Contact Person: _____

TEL: 705-721-7520 1-877-721-7520

Fax: 705-721-1495 **ATTENTION:** Vaccine Order Desk

Vaccine Order Desk Ext: 8808 General Vaccine/Immunization Inquiries Ext. 8806

Please order in doses. Orders placed by **Wednesday** will be available for pick up the following **Tuesday**.

*****All orders must be accompanied by the temperature log for the previous four weeks*****

*****Coolers must be between 2-8 Degrees Celsius for vaccine to be released*****

Antigen	# of Doses
Influenza (10 doses/box)	

Location to be picked up from (please check):

- | | | |
|---|---|--|
| <input type="checkbox"/> Barrie Office | <input type="checkbox"/> Collingwood Office | <input type="checkbox"/> Cookstown Office |
| <input type="checkbox"/> Gravenhurst Office | <input type="checkbox"/> Huntsville Office | <input type="checkbox"/> South Muskoka Memorial Hospital |
| <input type="checkbox"/> Orillia Office | <input type="checkbox"/> Midland Office | |

BIOS Order # (for office use only): _____

New for 2014a direct fax line for vaccine orders only

Vaccine Return Form



VACCINE RETURN FORM

Name: _____ Phone #: _____

Date: _____

Vaccine	Lot #	# of Doses	Reason for Return (*See codes below)	Refrigerated Transport for Return (Yes/No)

A = Expired

B = Exposed to temperatures outside of +2 °C to +8 °C

C = Excess quantity ordered

D = Other (please specify)



When your vaccine fridge is properly maintained....



...like porridge it will keep the body healthy!

