

Cold Chain Accreditation Review for Immunisation Services

Cold Chain Accreditation (CCA) is an audit tool used to assess an immunisation provider's cold chain management practices and ensure that they meet the required 10 standards as outlined in the *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017*. To achieve CCA, an immunisation provider must meet all the standards. The provider self-assessment tool must be completed prior to review to allow the immunisation provider with an opportunity to self-review their cold chain management, the self-assessment will confirm whether the provider is ready to go through the CCA process or requires further actions to meet the CCA requirements.

Notes to reviewers

- All vaccines must be stored between +2°C and +8°C at all times to ensure vaccine effectiveness is not destroyed during storage.
- All providers storing vaccines must achieve CCA or Cold Chain Compliance* (CCC) if appropriate, including but not limited general practices, public health units, community and hospital pharmacies, corrections facilities, outreach immunisation services, travel clinics, emergency medical services, hospital wards and departments and occupational health services before they offer an immunisation service.
- CCA cannot be achieved if the provider does not use a pharmaceutical refrigerator to store vaccines.
- Should an immunisation provider not meet the minimum requirements for CCA, a remedial plan will be put in place by the CCA reviewer while the provider works to meet the CCA requirements. The provider is still able to administer vaccines while this remedial plan is being achieved, if the recommended temperature range of +2°C and +8°C can be maintained at all times and the provider works within the agreed timeframes outlined in the plan. The maximum timeframe for completing the remedial plan is three months. If a provider is not willing to work on a remedial plan or does not keep to the agreed timeframes, discuss with your DHB, PHO, Medical Officer of Health and IMAC Regional Advisor, further actions to be taken, which may include the suspension of vaccine supply.
- Immunisation providers who do not store vaccines throughout the year, will need to meet all the other requirements for CCA, apart from the three months continuous electronic temperature monitoring (i.e. data logger) downloads and will be awarded a CCC certificate. This will be valid for up to nine months. Providers will need to produce their records from previous years at their CCC visit (if applicable) and their initial monitoring information.

*CCC is issued when the provider meets all of the requirement for CCA but is unable to show the three month continuous temperature records due to being a new provider or offering a short term vaccination services.



Name of provider:		Name of individual(s) completing the assessment:		
Provider physical address:		Provider postal address:		
Provider contact details:	Phone:	Fax:	Mobile:	Email:
Name of PHO and DHB or other:				
Date of CCA assessment:		CCA Reviewer:		

Type of provider

General practice	<input type="checkbox"/>	Emergency medical service	<input type="checkbox"/>	Occupational health service	<input type="checkbox"/>
Yellow fever approved centre	<input type="checkbox"/>	Hospital ward/clinic/department/pharmacy	<input type="checkbox"/>	Outreach Immunisation service	<input type="checkbox"/>
Public health unit	<input type="checkbox"/>	Community Pharmacy	<input type="checkbox"/>	Other, eg, travel clinic, correctional facility, sexual health clinic Please state:	<input type="checkbox"/>

Criteria

Criteria 1: Vaccine reference information	Yes	No	Comments
The provider has access to the online or printed versions of the:			
a) current <i>Immunisation Handbook</i>	<input type="checkbox"/>	<input type="checkbox"/>	
b) current <i>National Standards for Vaccine Storage and Transportation for Immunisation Providers</i>	<input type="checkbox"/>	<input type="checkbox"/>	
c) <i>Annual Cold Chain Management Record</i>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Medsafe vaccine data sheets	<input type="checkbox"/>	<input type="checkbox"/>	
Is the provider able to access these documents and other immunisation information via the internet?	<input type="checkbox"/>	<input type="checkbox"/>	

Criteria 2: Provider's cold chain policies	Met	Not met	Comments
The provider has a documented cold chain management policy available for review. This policy includes the following provider specific information:			
a) names of the designated staff members responsible for cold chain management (i.e, two or more staff, the cold chain lead should be an authorised vaccinator, GP or a pharmacist vaccinator)	<input type="checkbox"/>	<input type="checkbox"/>	
b) vaccine stock requirements for their programme or clinic	<input type="checkbox"/>	<input type="checkbox"/>	
c) vaccine ordering and stock keeping processes (including a vaccine register)	<input type="checkbox"/>	<input type="checkbox"/>	
d) processes for receiving and storing vaccines	<input type="checkbox"/>	<input type="checkbox"/>	

Provider name: _____

Assessment date: _____

Criteria 2: Provider's cold chain policies	Met	Not met	Comments
e) action to be taken when they receive a vaccine distributor or National Cold Chain Audit data logger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
f) cold chain equipment maintenance plan and schedule (including refrigerator annual service as per the manufacturer's recommendations and cleaning schedule)	<input type="checkbox"/>	<input type="checkbox"/>	
g) vaccine refrigerator temperature monitoring processes, including instructions on data logger use	<input type="checkbox"/>	<input type="checkbox"/>	
h) emergency plans and equipment for use in the event of refrigerator failure and/or power outage, including a nominated back –up provider	<input type="checkbox"/>	<input type="checkbox"/>	
i) details of equipment to be used for offsite vaccination clinics, including chilly bin(s), insulation material and temperature monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
j) process for temperature monitoring while vaccines are being stored in chilly bin(s) for offsite immunisation clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
k) action to be taken when the refrigerator/chilly bin(s) temperature recordings are outside the + 2°C to + 8°C range	<input type="checkbox"/>	<input type="checkbox"/>	
l) process for vaccine disposal	<input type="checkbox"/>	<input type="checkbox"/>	
m) date of the next annual cold chain policy review	<input type="checkbox"/>	<input type="checkbox"/>	
n) a documented cold chain orientation plan for new staff, including how to download and read the data logger	<input type="checkbox"/>	<input type="checkbox"/>	
o) cold chain equipment replacement plan, including replacement of refrigerator every 10 years	<input type="checkbox"/>	<input type="checkbox"/>	
p) all relevant staff have read and signed the cold chain policy.	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If the provider's cold chain policy does not include all the information listed above, they will need to update this and send it through to the reviewer before CCA can be issued.

Providers are expected to update their cold chain policy when there is a change in staff responsible for cold chain management; change in location of the refrigerator or purchase of new cold chain equipment including chilly bins (in conjunction with their immunisation coordinator).

Criteria 3: Vaccine stock management	Met	Not met	Comments
The provider understands the importance of vaccine stock management and:			
a) can explain the importance of vaccine stock management (i.e., to ensure vaccines are protected from thermal insult, maintain vaccine effectiveness, minimise vaccine wastage due to cold chain failure and to allow air to circulate in the refrigerator)	<input type="checkbox"/>	<input type="checkbox"/>	
b) can produce their current vaccine register (logbook) or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	

Provider name: _____

Assessment date: _____

Criteria 3: Vaccine stock management continued		Met	Not met	Comments
c)	orders vaccines at appropriate frequencies to maintain their stock levels for either a two- or four-week vaccine supply, and this is reflected in their vaccine register	<input type="checkbox"/>	<input type="checkbox"/>	
d)	ensures their vaccine stock does not exceed the refrigerator manufacturer's recommendations for maximum storage capacity	<input type="checkbox"/>	<input type="checkbox"/>	
e)	can describe the appropriate process for the receipt of vaccines	<input type="checkbox"/>	<input type="checkbox"/>	
f)	rotates vaccine stock on receipt of a vaccine order to ensure the shortest expiry dates are used first	<input type="checkbox"/>	<input type="checkbox"/>	
g)	maintains a 2 – 3cm space between: <ul style="list-style-type: none"> - each vaccine package and - the vaccine boxes and the back and sides of the refrigerator and the shelf above 	<input type="checkbox"/>	<input type="checkbox"/>	
h)	all vaccines are stored in their original packaging/boxes	<input type="checkbox"/>	<input type="checkbox"/>	
i)	expiry dates are visible and shortest expiry dates are up front	<input type="checkbox"/>	<input type="checkbox"/>	
j)	no more than 90% of the refrigerator storage space is in use	<input type="checkbox"/>	<input type="checkbox"/>	

Criteria 4: Temperature monitoring and refrigeration performance

The provider is aware of the requirements for temperature monitoring and refrigeration performance and:

4.1 a)	is aware all vaccines must be stored between +2°C to +8°C temperature range at all times	<input type="checkbox"/>	<input type="checkbox"/>
b)	can describe their processes to identify a deviation from the +2°C to +8°C temperature range and their actions if the temperature falls outside this range, including who to contact	<input type="checkbox"/>	<input type="checkbox"/>
c)	has the last three months of daily minimum and maximum refrigerator temperatures available at their CCA review	<input type="checkbox"/>	<input type="checkbox"/>
d)	has an electronic temperature recording device (eg. data logger or external monitoring) that is separate from the daily min/max device in each pharmaceutical refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, please fill in details under 4.6.	<input type="checkbox"/>	<input type="checkbox"/>
	If no, is there an action plan to purchase one?		
	Yes <input type="checkbox"/> No <input type="checkbox"/> When:		
e)	has the last three months of weekly data logger/external monitoring downloads available at their CCA review	<input type="checkbox"/>	<input type="checkbox"/>

Note: Until a provider has an electronic temperature recording device in place and can produce the last three months of continuous temperature monitoring data, they cannot achieve CCA. CCC maybe be awarded for new or short-term provider providers. If the provider only uses a pharmaceutical refrigerator for a short period of time, eg, three months during the seasonal influenza immunisation programme, they cannot achieve CCA. They must demonstrate that they meet all the other CCA requirements as part of their cold chain management, and if they provided an immunisation service in the year proceeding, they must produce their temperature recordings from that year. Providers who meet all the criteria for CCA other than continuous temperature monitoring data will be considered Cold Chain Compliant (CCC) and issued with a CCC certificate valid for up to 9 months only.

Provider name: _____

Assessment date: _____

Criteria 4: Temperature Monitoring and refrigeration performance continued

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|----|---|--------------------------|--------------------------|
| f) | reviews their refrigerator(s) daily minimum/maximum temperature recordings weekly in conjunction with electronic temperature monitoring device (eg. data logger or external monitoring) to check for inconsistencies or temperature changes and documents the results and the actions taken | <input type="checkbox"/> | <input type="checkbox"/> |
| g) | documents their actions following any cold chain breach and their response reflects that appropriate action was taken. | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If the provider has had a cold chain breach and has not acted in an appropriate manner, e.g., has not notified their immunisation coordinator or cold chain coordinator then a remedial plan (e.g., staff education/training) should be put in place, which may mean that CCA can still be awarded but should be reviewed within 12 months.

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|-----|---|--------------------------|--------------------------|
| 4.2 | a) The provider retains all temperature monitoring documentation for at least 10 years. | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) How is the information accessed? | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Where is this information stored/backed up? | <input type="checkbox"/> | <input type="checkbox"/> |
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- | | | | |
|-----|---|--------------------------|--------------------------|
| 4.3 | a) The provider can describe their vaccine storage plan in the event of an equipment and/or power failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Does the provider have sufficient portable vaccine storage equipment for storing their vaccine(s) in the event of an equipment and/or power failure? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: This includes the appropriate number and sized chilly bins, digital minimum/maximum thermometers with audible alarm or electronic temperature recording device (eg, data logger) with a display that is visible without opening the chilly bin, ice packs and insulation material.

There must be a temperature monitoring device for the refrigerator/s and one for each chilly bin.

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|-----|--|--------------------------|--------------------------|--------------------------|-----|
| 4.4 | a) The provider can describe their vaccine storage plan for offsite vaccination clinics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| | b) Does the provider have equipment for the running of offsite vaccination clinics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| | c) Does the provider have evidence that their equipment is able to maintain the required +2°C to +8°C temperature range? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |

Note: This includes the appropriate number and sized chilly bins, electronic temperature recording device (eg, data logger) with a display that is visible without opening the chilly bin, ice packs and insulation material.

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|-----|--|--------------------------|--------------------------|-----|--------------------------|
| 4.5 | Are temperature monitoring devices included in the vaccine orders received by the provider (eg, National Cold Chain Audit (NCCA) or vaccine distributor's data loggers)? | <input type="checkbox"/> | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| | If yes, can they describe what to do with these temperature monitoring devices? | <input type="checkbox"/> | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| | If there are monitors in the refrigerator is the documentation correct? | <input type="checkbox"/> | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
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Provider name: _____

Assessment date: _____

Criteria 4: Temperature Monitoring and refrigeration performance continued

- 4.6 Electronic temperature recording device
- a) What type of device(s) does the provider use?
List:
- b) Does the device record the temperature at the required parameters?
Yes No
- c) If the battery in the device can be changed, has this been done as per the manufacturer's instructions?
Yes No N/A
Documentation to show battery change next due:
- d) If the device requires calibration, is this done as per the manufacturer's instructions?
Yes No N/A
Documentation to show date of last calibration:

Criteria 5: Pharmaceutical refrigerator requirements		Met				Not met				Comments
		1	2	3	4	1	2	3	4	
Refrigerator(s)										
5.1	a) Does the provider use a pharmaceutical refrigerator to store vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) If no, do they have a plan in place to purchase a pharmaceutical refrigerator and by when? Yes <input type="checkbox"/> No <input type="checkbox"/> When:	<input type="checkbox"/>								
5.2	Is the refrigerator used to store vaccines and medicines only? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Is the provider's refrigerator placed in a well-ventilated room (i.e., on an internal wall, away from direct sunlight or sources of heat)? Yes <input type="checkbox"/> No <input type="checkbox"/>									

Provider name: _____

Assessment date: _____

Criteria 5: Pharmaceutical refrigerator requirements continued		Met				Not met				Comments
5.4	Is there a space of at least 4 to 10 cm from the back and sides of the refrigerator's surfaces (to allow for circulation around the condenser)? – refer to the manufacturer's instructions. Yes <input type="checkbox"/> No <input type="checkbox"/>									
5.5	Is the refrigerator connected to the power via an independent power point? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Does the refrigerator's power source have a surge protector in place (if required by manufacturer)? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Is the refrigerator connection labelled as 'do not disconnect/unplug' (if not wired in)? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Is the refrigerator serviced annually as per the manufacturer's recommendations? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last service:	<input type="checkbox"/>								
5.9	a) Is the daily minimum/maximum thermometer externally validated on an annual basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Results available from last external validation. Date: By whom: Frequency: Note: This may be done as part of the annual refrigerator service or by the local immunisation coordinator using calibrated logger/s.	<input type="checkbox"/>								
5.10	Does the provider undertake regular checks of the door seals and ensure that the door closes automatically if left ajar? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Provider name: _____

Assessment date: _____

Provider pharmaceutical refrigerator details

	Refrigerator 1	Refrigerator 2	Refrigerator 3	Refrigerator 4
Brand:				
Model:				
Year purchased:				
The provider has a long-term replacement plan in place as their pharmaceutical refrigerator ages	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Expected replacement date for refrigerator:				

Provider CCA summary

	Met	Not met	Timeframe / completion date
Vaccine reference information	<input type="checkbox"/>	<input type="checkbox"/>	
Cold chain policy	<input type="checkbox"/>	<input type="checkbox"/>	
Vaccine stock management	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature monitoring and refrigerator performance	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceutical refrigerator requirements:			
Refrigerator 1	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator 2	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator 3	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator 4	<input type="checkbox"/>	<input type="checkbox"/>	

Provider name: _____

Assessment date: _____

Temperature validation at the time of CCA review

Note: A minimum of 24 hours continuous logging (over a working period) of the refrigerator temperature, using independent calibrated loggers is required at time of CCA. These readings should be compared with the provider's electronic temperature recording device (eg, data logger) data and the daily minimum/maximum recordings for the same time period.

	Shelf 1	Shelf 2	Shelf 3	Internal thermometer
Minimum:				
Maximum:				
Current/average:				

Provider has achieved CCA:

Yes No

Provider has achieved CCC:

Yes No

If not, outline the remedial plan and action required by the provider to improve their cold chain management and achieve CCA/CCC.

Action:

By when:

Duration of CCA/CCC:

Next CCA review date:

Signature:

Date:

Comments:

March 2017
HP 6574

Provider name: _____

Assessment date: _____