1. **Purpose**

This SOP describes the process of:

* receipt of thawed Moderna Spikevax COVID-19 Vaccine
* recording the time in transport prior to delivery, to ensure this is taken into account for any future transport. The vaccine may only be transported for a total of 12 hours once thawed.
* recording of data attributes needed to provide data for the national vaccination programme.

1. **Scope**

This SOP is applicable to the receipt of thawed Moderna Spikevax COVID-19 Vaccine

1. **Responsibility**

Suitably trained members of staff are responsible for receipt of vaccines, unpacking and checking them, and storing them in the correct location immediately upon delivery.

When working in pairs, it is the responsibility of both people to continue to observe all local Covid-19 precautions.

1. **Procedure**
   1. **Accepting Deliveries**
      1. At the point of hand over from the driver, check if the vaccine time in transit has exceeded 6 hours. If it has exceeded 6 hours record the actual time in transit on the delivery note.
      2. On receipt the vaccine must be processed immediately to maintain the cold chain.
      3. Check:
   * The number of vaccine cartons matches the number listed on the delivery note, carrier’s receipt or proof-of-delivery device.
   * All cartons are in good condition and no damage is evident.
   * All shipment is addressed correctly.
     1. If any part of the delivery is damaged, already opened, missing or otherwise not as expected report without delay to [INSERT SENIOR STAFF JOB TITLE].

If the delivery appears to be in order, accept the shipment according to the established acceptance-of-delivery process.[CROSS REFER TO OR INSERT VACCINE-SPECIFIC RECEIPTING SOP/DETAILS IF RELEVANT]

* 1. **Physical Examination and recording time in transit**
     1. Remove the cartons from the parcel, check tamper evident seal is intact, check for any damage and check identity, batch number, expiry date and quantities against the delivery note.
        + If there is any damage or discrepancy, quarantine the stock at the correct storage temperature (refrigerated at 2-8°C)and report without delay to [INSERT SENIOR STAFF JOB TITLE].
        + If any vials are broken, deal with the spillage following normal SOP for spillages. No special spillage procedures are required.
     2. Write the transit time on each carton of vaccine:
        + If the time in transit was confirmed to be greater than 6 hours, write “Time in transit [ACTUAL TIME] hours” on each carton of vials.
        + If the time in transit was confirmed to be up to 6 hours, write “Time in transit 6 hours” on each carton of vials.
     3. Where the delivery journey has exceeded 6 hours write the actual transit time on each vaccine carton.
     4. Put the vaccines into a refrigerator (at 2-8°C) immediately.
  2. **Logging Receipts on the Stock Control System**
     1. Endorse the delivery note with signature and time/date to indicate
        + the correct goods have been received
        + the quantities are correct
        + batch numbers and expiries on the delivery note are correct
     2. For each purchase order, receive the goods on to the stock control system (Foundry and pharmacy stock management system)
     3. Forward completed delivery documentation to [INSERT JOB TITLE].
     4. Receipt of vaccine on to the pharmacy stock management system must capture the following product details:
  + Date and time received into system
  + Supplier
  + Purchase order number
  + dm+d medicine name (AMP/P) This must be the ‘branded’ level description
  + dm+d ID code
  + Pack size and number of vials received
  + Batch number (This cannot be scanned and **must** be checked by a second person to ensure the correct information is recorded)
  + Expiry of vials
  1. **Dealing with problems and errors on deliveries by**[INSERT SENIOR STAFF JOB TITLE]
     1. In the event goods arrive
* Damaged
* Expired (either the shipper, or the vials)
* of a quantity that differs to either the purchase order, delivery note

or there are any other discrepancies, report to [Insert contact details for supplier and any additional action or information required when known.]

1. **Document history**

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