

COLD CHAIN BREACH AND VACCINE WASTAGE REPORTING FORM

Sections marked with an * are mandatory



*SECTION 1: IMMUNISATION PROVIDER DETAILS	
Facility Name	Vaccine Account Number
Address	Phone
Number of GPs in the practice	Person Reporting the breach
Email	

*SECTION 2: DETAILS OF COLD CHAIN BREACH		
1. Type of refrigerator	<input type="checkbox"/> Purpose Built Vaccine Specific Refrigerator <input type="checkbox"/> Domestic refrigerator	
2. Date of breach		
3. Date breach identified		
4. Reason for breach		
5. Data logger temperature	Min	Max
6. Duration outside 2° C to 8° C (hrs/mins)		
7. Is this the first cold chain breach for these vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what is the date of the previous breach?	
8. Was anyone vaccinated with the compromised vaccines?	<input type="checkbox"/> Yes (Public Health Unit to provide advice) <input type="checkbox"/> No	
9. Which of these vaccine management policies and procedures are currently in place?	<input type="checkbox"/> Vaccine management protocol (<i>refer to 'Strive for 5' Guidelines</i>) <input type="checkbox"/> Accessible Cold Chain Breach Protocol <input type="checkbox"/> Completion of the NSW Health Cold Chain Training Module by all staff <input type="checkbox"/> Annual vaccine storage self-audits Date of last audit:	

COLD CHAIN BREACH AND VACCINE WASTAGE REPORTING FORM

Sections marked with an * are mandatory



SECTION 3: FRIDGE AND COLD CHAIN MONITORING DETAILS

Section 3 must be completed if there has been a refrigerator malfunction or the cause of the cold chain breach is unknown

3.1 Refrigerator details

Date of refrigerator purchase

Date of last refrigerator service

Further information (if applicable)

3.2 Data logger details

Type of data logger

Inbuilt Portable

Date of purchase

Date of last battery change

Date of last calibration/ service

Further information (if applicable)

3.3 Minimum/maximum thermometer details

Type of min/max thermometer

Inbuilt Battery operated

Date of purchase

Date of last battery change

Date of last accuracy check i.e. ice slurry

Further information (if applicable)

3.4 Alternative vaccine storage details

Is there an alternative fridge for vaccine storage?

Yes
 No

Type of alternative fridge used for back up vaccine storage

Purpose Built Vaccine Specific Refrigerator
 Domestic refrigerator

Further information (if applicable)

COLD CHAIN BREACH AND VACCINE WASTAGE REPORTING FORM

Sections marked with an * are mandatory



*SECTION 4: VACCINE DETAILS

Count and enter the exact number of doses of each vaccine brand in the refrigerator at the time of the cold chain breach.

Vaccines exposed to a second breach should be recorded as follows:

Total number of doses exposed to first breach (total number of doses exposed to second breach)

Vaccine	*Doses	PHU advice	Vaccine	*Doses	PHU advice
MMRII	5 (5)	Retain 5 (Discard 5)	Infanrix	13 (2)	Retain 13 (Discard 2)

Vaccine	*Doses	PHU advice	Vaccine	*Doses	PHU advice
Act-HIB			MMR II		
Adacel			Neis-Vac C		
Afluria Quad			*Nimenrix <small>(Provide batch number and expiry date below)</small>		
Bexsero			Pneumovax 23		
Boostrix			Prevenar 13		
Engerix B (adult)			Priorix		
Engerix B (paed)			Priorix Tetra		
Fluad Quad			Proquad		
Fluarix Tetra			Quadracel		
*Fluquadri <small>(Provide batch number and expiry date below)</small>			*Rabipur <small>(Provide batch number and expiry date below)</small>		
Gardasil 9			*MIRV (Rabies) <small>(Provide batch number and expiry date below)</small>		
Havrix 1440			Rotarix		
Hep B VaxII - adult			Tripacel		
Hep B VaxII - paed			Vaqta Adult		
Infanrix – Hexa			Vaqta Paed		
Infanrix IPV			Varilrix		
Infanrix			Varivax		
IPOL			*Vaxigrip Tetra <small>(Provide batch number and expiry date below)</small>		
MMR II			Zostavax		
*Additional advice e.g. batch # and expiry date					

Vaccines that can be retained, should be clearly labelled using the NSW Health Cold Chain Breach Labels and used before any new stock. Any further cold chain breaches should be reported to your local public health unit as each breach is assessed on a case by case basis.

COLD CHAIN BREACH AND VACCINE WASTAGE REPORTING FORM

Sections marked with an * are mandatory



Attachments required

All providers are required to provide the following items on the checklist

- Data logging for the duration of the cold chain breach (graph and temp log required)
- Vaccine refrigerator twice daily min/max temperature chart
- Min/max temperature chart used during transfer of vaccines e.g. esky (if applicable)
- Last refrigerator service report (required if there has been a fridge malfunction)
- Certificates of completion of all staff that have completed the NSW Health Vaccine Storage and Cold Chain Management online training module

Public Health Unit Use Only

PHU Contact person:

Reason for cold chain breach:

- Refrigerator malfunction Unknown/other
- Power outage Flood
 - planned unplanned
- Storm Fire
- Human error

Action(s) taken:

Vaccines quarantined: Yes No

Fridge service requested: Yes No

Service report received: Yes No

HETI module recommended: Yes No

Certificates received: Yes No

Stop placed on vaccine account: Yes - Date: No

Comments:

This form should be completed and returned to your local public health unit in the event of a cold chain breach. Your local public health unit will provide advice on cold chain management and vaccine disposal (if required).

Please email or fax this form to your local public health unit. You can contact your local public health unit on 1300 066 055.