

COLD CHAIN BREACH 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 (CCB)

1. Type of refrigerator	<input type="checkbox"/> Vaccine Specific refrigerator <input type="checkbox"/> Domestic refrigerator	
2. Date of cold chain breach		
3. Date CCB identified		
4. Select the reason for the CCB	<input type="checkbox"/> Refrigerator malfunction <input type="checkbox"/> Power outage <input type="checkbox"/> planned <input type="checkbox"/> unplanned <input type="checkbox"/> Human error <input type="checkbox"/> Unknown/other	
5. Additional information about the CCB		
6. Data logger temperature	Min	Max
7. Duration outside 2° C to 8° C (hrs/mins)		
8. Is this the first CCB for these vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what is the date of the previous CCB?	
9. Was anyone vaccinated with potentially affected vaccines?	<input type="checkbox"/> Yes (Public Health Unit to provide advice) <input type="checkbox"/> No	
10. Select current vaccine management policies and procedures 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:	

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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

3.2 Data logger details

Type of data logger

Inbuilt Portable

Date of purchase

Date of last battery change

Date of last calibration/ service

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

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

Vaccine specific refrigerator
 Domestic refrigerator

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*SECTION 4: VACCINE DETAILS

Enter the number of doses of each vaccine brand on hand 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), example:

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			IPOL		
Adacel			Menactra		
Afluria Quad			Menitorix		
Boostrix			MMR II		
Boostrix IPV			Neis-Vac C		
Energix B (adult)			Nimenrix		
Energix B (paed)			Pneumovax 23		
Fluad			Prevenar 13		
Fluarix Tetra			Priorix		
Fluquadri			Priorix Tetra (MMRV)		
Fluquadri Jnr			Proquad		
Fluzone			Quadracel		
Gardasil			Rabies		
Gardasil 9			Rotarix		
Havrix 1440			Tripacel		
Hep B VaxII - adult			Vaqta Paed		
Hep B VaxII - paed			Varilrix		
Infanrix – Hexa			Varivax		
Infanrix IPV			Zostavax		
Infanrix DTPa					
Additional advice					

Vaccines that can be retained, should be clearly labelled. 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.

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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 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)

Public Health Unit Use Only

PHU Contact person:

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.

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