

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:	

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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	
Further information (if applicable)	

3.2 Data logger details

Type of data logger	<input type="checkbox"/> Inbuilt <input type="checkbox"/> Portable
Date of purchase	
Date of last battery change	
Date of last calibration/ service	
Further information (if applicable)	

3.3 Battery minimum/maximum thermometer details

Type of min/max thermometer	<input type="checkbox"/> Inbuilt <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of alternative fridge used for back up vaccine storage	<input type="checkbox"/> Purpose Built Vaccine Specific Refrigerator <input type="checkbox"/> Domestic refrigerator
Further information (if applicable)	

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*SECTION 4: VACCINE DETAILS

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

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

Total number of doses exposed to first/ current breach and in brackets enter (total number of doses exposed to previous breach). See example below

Vaccine	Doses	PHU advice	Vaccine	*Doses	PHU advice
MMRII	5 (2)	Retain 5 (Discard 2)	Infanrix	13 (1)	Retain 13 (Discard 1)

VACCINE DETAILS

Vaccine	Doses	PHU advice	Vaccine	*Doses	PHU advice
Abrysvo			JEspect/Ixario		
Act-HIB			Jynneos		
Adacel			KamRAB		
Bexsero			MenQuadfi		
Beyfortus			MMR II		
Boostrix			NeisVac-C		
Engerix B (paed)			Nimenrix		
Engerix B (adult)			Pneumovax 23* include batch # and exp date below		
Fluarix Tetra			Prevenar 13		
Fluquadri			Priorix		
Fluad Quad			Priorix Tetra		
Flucelvax Quad			Quadracel		
Gardasil 9			Rabipur		
Havrix 1440			Rotarix		
Hep B VaxII - adult			Shingrix		
Hep B VaxII- paed			Tripacel		
Imojev			Vaqta adult/ paed		
Infanrix			Varivax		
Infanrix Hexa			Vaxelis		
Infanrix IPV			Vaxigrip Tetra		
IPOL			Verorab		

*Additional
advice e.g. batch #
and expiry date

Click here to enter text.

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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 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

Returning the form:

1. 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).
2. Please email or fax this form to your local public health unit. You can contact your local public health unit by phone on 1300 066 055.
3. Vaccines that can be retained as advised by your local public health unit, should be clearly labelled using the NSW Health Cold Chain Breach Label and used before any new stock.
4. 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.

Public Health Unit Use Only

PHU Contact person:

Reason for cold chain breach:

- | | |
|---|--|
| <input type="checkbox"/> Refrigerator malfunction | <input type="checkbox"/> Unknown/other |
| <input type="checkbox"/> Power outage | <input type="checkbox"/> Flood |
| <input type="checkbox"/> planned <input type="checkbox"/> unplanned | |
| <input type="checkbox"/> Storm | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Human error | |

Action(s) taken:

Vaccines quarantined: ☐ Yes ☐ No

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Fridge service requested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service report received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HETI module recommended:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stop placed on vaccine account:	<input type="checkbox"/> Yes - Date:	<input type="checkbox"/> No
Comments:		