

# COLD CHAIN BREACH AND VACCINE WASTAGE REPORTING FORM

Sections marked with an \* are mandatory



<b>*SECTION 1: IMMUNISATION PROVIDER DETAILS</b>		
<b>Facility Name</b>	<b>Vaccine Account Number</b>	
<b>Address</b>	<b>Phone</b>	
<b>Number of GPs in the practice</b>	<b>Person Reporting the breach</b>	
<b>Email</b>		
<b>*SECTION 2: DETAILS OF COLD CHAIN BREACH</b>		
<b>1. Type of refrigerator</b>	<input type="checkbox"/> Purpose Built Vaccine Specific Refrigerator <input type="checkbox"/> Domestic refrigerator	
<b>2. Date of breach</b>		
<b>3. Date breach identified</b>		
<b>4. Reason for breach</b>		
<b>5. Data logger temperature</b>	<b>Min</b>	<b>Max</b>
<b>6. Duration outside 2° C to 8° C (hrs/mins)</b>		
<b>7. Is this the first cold chain breach for these vaccines?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, what is the date of the previous breach?	
<b>8. Was anyone vaccinated with the compromised vaccines?</b>	<input type="checkbox"/> Yes (Public Health Unit to provide advice) <input type="checkbox"/> No	
<b>9. Which of these vaccine management policies and procedures are currently in place?</b>	<input type="checkbox"/> Vaccine management protocol ( <i>refer to <a href="#">‘Strive for 5’ Guidelines</a></i> ) <input type="checkbox"/> Accessible Cold Chain Breach Protocol <input type="checkbox"/> Completion of the <a href="#">NSW Health Cold Chain Training Module</a> 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

Inbuilt     Portable

Date of purchase

Date of last battery change

Date of last calibration/ service

Further information (if applicable)

### 3.3 Battery operated 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)

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## \*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) e.g., below

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

### VACCINE DETAILS

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

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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 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:	