

COLD CHAIN BREACH AND VACCINE WASTAGE REPORTING FORM



| *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

| | |
|---|--|
| 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 operated 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

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 | | |
| *Additional advice 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 return completed form to Liverpool Public Health Unit via: SWSLHD-ColdChainWastages@health.nsw.gov.au
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.

Liverpool PHU: 97940855

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

