VFC/WYVIP VACCINE INCIDENT REPORT

PROVIDER INSTRUCTIONS

Page 1: **Instruction for Providers**

Page 2: **Provider Report** *(Completed by the Provider and returned to Immunization Program clinical staff)*

Page 3: **Incident Outcome/Recommendations** (*Completed by the Immunization Program clinical staff and returned to the Provider. If there is vaccine loss, a "Vaccine Return Form" will need to be completed.)*

INSTRUCTIONS:

1. **Call the Wyoming Immunization Program's clinical staff before submitting this form.** Any out of range temperatures must be reported to determine the stability of any vaccines involved in this cold chain incident. *(see contact information below)*
2. Complete **Page 2** when a vaccine storage unit (i.e. refrigerator or freezer) has a temperature outside of the acceptable range (outside of 2-8° C for the refrigerator and warmer than -15° C for the freezer).
3. When an out of range temperature is found, **vaccines inside the storage unit should not be used**. Put a sign on all storage unit(s) involved stating, **"DO NOT USE UNTIL FURTHER NOTICE"**.
4. Please **PRINT LEGIBLY** and **FAX page 2 of this Report** and current **TEMPERATURE LOGS** (including Data Logger data if available) to the designated Clinical Quality & Compliance Specialist (only after you have made verbal contact).
5. The provider will be contacted by a Clinical Quality & Compliance Specialist or designee with the outcome of vaccine viability. Page 3 will be completed and faxed back to the provider with the recommendations/outcome of the event.

***Clinical Quality & Compliance Specialists – Call first to determine who is covering clinical calls**

- **Diana Martin, RN, MS, BSW, CPHQ, QMRP - Wyoming WEST**
  Office: (307) 789-2665 **Cell:** (307) 256-4442 **Fax:** (307) 789-0428.
  Counties: Big Horn, Fremont, Hot Springs, Lincoln, Park, Sublette, Sweetwater, Teton, Uinta, Washakie

- **Valerie Koch, RN - Wyoming EAST**
  Office: (307) 777-8981 **Cell:** (307) 256-1727 **FAX:** (307) 777-3615
  Counties: Albany, Campbell, Carbon, Converse, Crook, Goshen, Johnson, Laramie, Natrona, Niobrara, Platte, Sheridan, & Weston

If a provider is unable to reach the assigned contact, please call the other person on the list. You must speak to an Immunization Program clinical staff prior to submitting this form.

PROVIDER REPORT

completed by Provider

Facility/Clinic Name: _____ PIN #: _____ Today's Date: _____

Name and Title of Person Reporting: _____ Phone #: _____ Fax #: _____

City: _____ Date Temp Found: _____ Time Temp Found: _____ Temp Found: _____

What was the last in-range temperature documented: Date: _____ Time: _____ Temperature: _____

What was the cause of the temperature excursion ?

What actions were taken when the out of range temperatures were discovered?

Name of Vaccine involved in Event	Manufacturer	Lot #	Single Dose Vial (SDV) or Multidose Vial (MDV)	Expiration Date	Number of Doses	Has vaccine had previous excursions? Yes or No?	FOR STATE USE ONLY		
							Is Vaccine Viable?	Vaccine Price as of:	Dollar Amount Lost

(Page 3 to be Completed by Immunization Program Clinical Staff)

INCIDENT OUTCOMES/RECOMMENDATIONS

completed by Immunization Program Clinical Staff

Facility Name: _____ **PIN:** _____ **Today's Date:** _____

State RN Name: _____ _____ **Hours Out @** _____ **degrees Celsius**

Manufacturer	Telephone	Medical Information Hours	VFC Vaccines	MI Specialist Name/Title
GSK	866-475-8222 #4	600-1800	☐ Boostrix ☐ Cervarix ☐ Engerix ☐ Fluarix ☐ Havrix ☐ Infanrix ☐ Kinrix ☐ Pediarix ☐ Rotarix ☐ Twinrix	
MedImmune	877-633-4411 #2	630-1530	☐ FluMist	
Merck	800-637-2579 #3	600-1700	☐ Comvax ☐ Gardasil ☐ MMRII ☐ PedvaxHIB ☐ Pneumovax ☐ ProQuad ☐ Recombivax-HB ☐ RotaTeq ☐ Varivax ☐ Vaqta	
Novartis	800-244-7668 #1	700-1600	☐ Fluvirin ☐ Menveo	
Pfizer	800-438-1985 #3	M-Th=700-1800 & F=700-1500	☐ Prevnar13	
Sanofi	800-822-2463	600-1630	☐ ActHIB ☐ Adacel ☐ Daptacel ☐ Tenivac ☐ Fluzone ☐ IPOL ☐ Menactra	

- **Vaccine Loss:** ☐ **No** ☐ **Yes If Yes: Total $ Amount Lost:** _____ **# of Doses:** _____
- Was this Event Preventable (Reference Vaccine Replenishment Policy, Dated 01/12): Yes or No or Unknown

Recommendations to the Provider from this Event:

_____ Vaccines may be returned to the storage unit. No further follow-up needed. Keep a copy of this Vaccine Incident Form with the monthly paperwork.

_____ Vaccines may be returned to the Storage Unit. Write on the vaccine boxes with a Sharpie, the following Information:

Vaccine Name _____ , # of Excursions_____, # Hours Out _____ @ _____ Degrees C.

If the manufacturer has adjusted the expiration date, you will be notified to write the new expiration date on the box. Do not forget to change the expiration date in the WyIR also.)

_____ It is recommended that a repairman/serviceman check out the storage unit before vaccines can be returned to the unit. Fax their report **within 1 week** of this date: _____to: _____. You will be contacted by a Clinical Quality & Compliance Specialist with further information/instructions.

_____ There is vaccine loss. Please complete a Vaccine Return Form & return the form to: LaChel May, Provider Relations Administrative Assistant Fax #: (307) 777-3615. You will be contacted in the future regarding potential vaccine replacement.

_____ It is recommended that the provider replace the storage unit. Prior to moving vaccines, a 10-day temperature log must be completed. Please contact LaChel May, Provider Relations Administrative Assistant at (307) 777-8503 for additional information/instructions.

Additional Recommendations: