Provider Instructions for Completing a Vaccine Cold Chain Incident Report

If Immunization Program staff informs you that a cold chain investigation must be completed, proceed with the steps to complete a Vaccine Cold Chain Incident Report.

Vaccine and/or unit must remain marked as "Do Not Use" and vaccine must not be administered until approval to do so is received from the Immunization Program staff.

☐ 1. Download the Incident Report (IR):

a. Download and save the IR to your computer, then re-open it from the saved location, complete, and save it. The IR must be completed electronically; do not print and scan/fax the IR as this will not be accepted.

☐ 2. Reconcile Your Inventory:

To accurately document the total number of vaccine doses involved in the temperature excursion, you must reconcile your inventory in the Wyoming Immunization Registry (WyIR). WyIR inventory reconciliation guidance is located on the Immunization Unit website at www.immunizewyoming.com > Healthcare Professionals > Provider Portal > Education Resources > Vaccine Inventory Resources > WyIR Inventory Reconciliation.

a. Note any past temperature excursions associated with any vaccine listed on this IR as this is relevant in determining current viability and must be documented on this IR and reported to relevant vaccine manufacturer(s).

☐ 3. Contact the Relevant Vaccine Manufacturer(s):

On page one of the IR is a list of vaccine manufacturers and their contact information. Only a licensed healthcare employee from your facility can contact the vaccine manufacturer(s).

a. Provide vaccine manufacturers with the following excursion information:

i. Vaccine involved
ii. Date of excursion
iii. Highest and/or lowest temperatures recorded and the total time of the excursion. This information must match exactly what was sent to you via email from the Immunization Program.
iiii. Additional temperature excursions associated with any of the vaccine being reported on this IR.

☐ 4. Final Action Items:

a. Complete pages 1 & 2 of the Vaccine Cold Chain Incident Report

b. Email the IR as an attachment in its original format (do not print then scan and email it) to the Immunization Program staff handling your facility's temperature excursion.

c. Submit your current monthly Temperature Log(s) for the unit(s) involved by fax (307-777-2913) or scan and email directly to the Immunization Program staff handling your facility's temperature excursion. Ensure excursion information is written in the comment section of the log(s).

Public Vaccine Program
Vaccine Cold Chain Incident Report

***TYPE INTO THIS FORM ONLY-DO NOT PRINT**

Facility Name & PIN:		**Today's Date:**
Person Completing:	**Phone:**	**Email:**

STOP! Verify steps below are complete prior to completing this Incident Report

- ☐ Vaccine or Unit marked as "Do Not Use"
- ☐ Vaccines are stored at appropriate temperatures
- ☐ Immunization Program Staff have been notified
- ☐ Reviewed Provider Instruction page of Incident Report
- ☐ WyIR inventory and physical inventory have been reconciled

INCIDENT DESCRIPTION

Date/Time Discovered:	**Date:**	**Time:**	**By whom?**
Storage unit(s) involved:	(1) Freezer	**Type:** -	**Control Type of Combo Unit:** -
	(2) -	**Type:** -	
CURRENT temperature of unit (1):	°C	**Date:**	**Time:**
CURRENT temperature of unit (2):	°C	**Date:**	**Time:**

Current location of vaccines: ◯ Primary Unit ◯ On-site Backup ◯ Emergency Location:

Have any of the vaccines involved in the incident been administered since the first identified out of range temperature? -

Describe the event. Include details about discovery, reporting, and any action taken:

Select the most appropriate cause of this incident *(select all that apply)*:

- ☐ Door Left Open/Ajar
- ☐ Possible Unit Failure
- ☐ Unit Unplugged
- ☐ Power Outage/Breaker Tripped
- ☐ Vaccine Not Stored Properly
- ☐ Frequent Access/Busy Clinic Day
- ☐ Staff Adjusted Unit Temperature Controls
- ☐ Spoiled During Transport
- ☐ Other, Describe Below.

Additional Details for Potential Cause:

OUT OF RANGE TEMPERATURE INFORMATION

UNIT 1	**Lowest or Highest:**	°C	**Accumulative time unit was out of range:**	Hrs.	Min.
UNIT 2	**Lowest or Highest:**	°C	**Accumulative time unit was out of range:**	Hrs.	Min.

VACCINE MANUFACTURER GUIDANCE **** Check boxes for each vaccine involved***

Name of Licensed Staff Calling Manufacturer(s): **Phone:**

***Do not forget to request documentation from each manufacturer detailing their guidance to submit with the Incident Report.**

GSK 866-475-8222 x4		**Merck** 800-672-6372		**Sanofi** 800-822-2463		**Novartis** 800-244-7668 x 1	**Pfizer** 800-438-1985
Rep:							
Case #:							
☐ Boostrix	☐ Infanrix	☐ Comvax	☐ Recombivax	☐ ActHib	☐ IPOL	☐ Fluvirin	☐ Prevnar 13
☐ Cervarix	☐ Kinrix	☐ Gardasil	☐ RotaTeq	☐ Adacel	☐ Menactra	☐ Menveo	
☐ Engerix	☐ Pediarix	☐ MMRII	☐ Vaqta	☐ Daptacel	☐ Pentacel		**MedImmune** 877-633-4411 x2
☐ Fluarix	☐ Rotarix	☐ PedvaxHIB	☐ Varivax	☐ Fluzone	☐ Tenivac		
☐ Havrix	☐ Twinrix	☐ Pneumovax	☐ Zostavax				
		☐ ProQuad					

Vaccine manufactures must be made aware of the time and temperature count of vaccines that were previously involved in an excursion.

Summary of Conversation with Vaccine Manufacturers.

Facility & PIN: **Report Date:**

PUBLICLY SUPPLIED VACCINES INVOLVED IN THIS INCIDENT

- **Publicly-supplied vaccines listed on this form must have been physically counted from the unit.**
- **All fields must be completed prior to submission.**

Brand Name (Intention)-Manufacturer	Lot #	Formulation	Expiration Date	Number of Doses	If applicable, list previous excursion date(s)	IZ Program Use Only		
						Viability Outcome	Public Cost/ Dose	Total Value
-		-				-		0.00
-		-				-		0.00
-		-				-		0.00
-		-				-		0.00
-		-				-		0.00
-		-				-		0.00
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Are there additional publicly-supplied vaccines involved in this incident that are NOT listed above? _

* All vaccines involved in this incident must be documented. Additional space is provided on the last page of this report.

SAVE THIS FORM, ATTACH TO AN EMAIL, AND SEND TO IMMUNIZATION STAFF WITH OTHER REQUIRED DOCUMENTATION.

INCIDENT OUTCOME

** To Be Completed by Immunization Program Staff ONLY*

INCIDENT SUMMARY		
Facility Name (PIN):		**Outcome Date:**
Completed By: -		
# Doses Wasted:	**Public Value:** $ 0.00	**Referred to VFC Coordinator?** -
*Incidents resulting in vaccine waste will be reviewed for replacement per the Vaccine Replacement Policy.		
Additional Information:		

REQUIRED ACTIVITIES FOR THE PROVIDER

- -
- -
- -
- -

RECOMMENDATIONS FOR THE PROVIDER

Facility & PIN: **Report Date:**

PUBLICLY SUPPLIED VACCINES INVOLVED IN THIS INCIDENT - ADDITIONAL VACCINES

- ❖ **Publicly-supplied vaccines listed on this form must have been physically counted from the unit.**
- ❖ **All fields must be completed prior to submission.**

Brand Name (Intention)-Manufacturer	Lot #	Formulation	Expiration Date	Number of Doses	If applicable, list previous excursion date(s)	IZ Program Use Only		
						Viability Outcome	Public Cost/ Dose	Total Value
-		-				-		0.00
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