

Vaccine Cold Chain Incident Exposure/Wastage Report

FAX report to your local NEPH office



Cochrane 705-272-3394
Iroquois Falls 705-258-2249
Smooth Rock Falls 705-338-2250

Hearst 705-362-7462
Kapuskasing 705-337-1895
Moosonee 705-336-2919

Hornepayne 807-868-2225
Matheson 705-273-2522
Timmins 705-360-7308

Section A – Premises Information

Name of Premises

Premises Contact

First Name	Last Name	Telephone Number & Ext	Fax Number
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Premises Type

<input type="checkbox"/> Physician office (FP Solo)	<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Long-term care home	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Physician office (FP group)	<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Nursing agency	<input type="checkbox"/> Workplace
	<input type="checkbox"/> First Nations facility		<input type="checkbox"/> Other
	<input type="checkbox"/> Hospital		

Detected on Annual Inspection Date public health unit notified (yyyy,mm,dd)

Section B – Incident Description

Date of last known temperature consistently between +2C to +8C	Date (yyyy,mm,dd)	Time (hh:mm)
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Date and time of incident

Temperature at time of incident

Date (yyyy,mm,dd)	Time (hh:mm)	Minimum	Maximum	Current
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Estimated duration of exposure (Hours)	For multiple incidents please describe the event including date and time of incident(s), temperature at time of incident(s) and estimated duration of exposure(s)
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Event Information

- Power failure: How long was the power disrupted
What was the cause of the disruption
What time of day was the disruption
- Fridge malfunction (e.g. sensor, compressor)
- Equipment malfunction (e.g. thermometer, alarm)
- Human error (e.g. fridge door left open, fridge unplugged, vaccine left on counter)
- Shipment problem
- Other (describe)

Section C – Actions Taken By Premise Following Recognition of Incident

- Vaccine placed in Ziploc bag and note attached “DO NOT USE”
- External incident report completed and faxed to NEPH
- Temperature logs sent to NEPH
- Received fax from NEPH describing steps to take post incident

Notes:

Partially opened vials also need to be returned to your local Northeastern Health Unit with the number of doses left in each vial

Publicly Funded Vaccine (Please include both Full and Partial Vials)	Cost	Lot Number	Total # of Doses Including Partial Vials	Expiry Date (yyyy/mm/dd)	Previous Exposure (✓ if Yes)
Act-Hib®					<input type="checkbox"/>
Adacel®	\$38.55				<input type="checkbox"/>
Adacel® Polio	\$52.79				<input type="checkbox"/>
Bexsero®	\$109.64				<input type="checkbox"/>
Boostrix®	\$30.74				<input type="checkbox"/>
Boostrix-Polio®	\$37.06				<input type="checkbox"/>
Engerix B® Adolescent/Adult	\$24.01				<input type="checkbox"/>
Engerix B® Pediatric	\$11.39				<input type="checkbox"/>
Gardasil® 9	\$170.87				<input type="checkbox"/>
Havrix® Adult	\$49.37				<input type="checkbox"/>
Havrix® Pediatric	\$24.68				<input type="checkbox"/>
Imovax® Polio	\$47.00				<input type="checkbox"/>
Imovax® Rabies	\$207.65				<input type="checkbox"/>
Menactra®	\$105.30				<input type="checkbox"/>
Menjugate®	\$36.74				<input type="checkbox"/>
Nimenrix®	\$99.48				<input type="checkbox"/>
MMR®II	\$34.33				<input type="checkbox"/>
NeisVac-C®	\$80.19				<input type="checkbox"/>
Pentacel®	\$				<input type="checkbox"/>
Prevnar®20	\$				<input type="checkbox"/>
Priorix®	\$29.32				<input type="checkbox"/>
Priorix-Tetra™	\$96.70				<input type="checkbox"/>
ProQuad®	\$116.17				<input type="checkbox"/>
RabAvert®	\$181.16				<input type="checkbox"/>
Recombivax HB® Adolescent/Adult	\$22.54				<input type="checkbox"/>
Recombivax HB® Pediatric	\$11.40				<input type="checkbox"/>
Recombivax HB® Renal	\$184.80				<input type="checkbox"/>
Rotarix™	\$88.16				<input type="checkbox"/>
Shingrix®	\$129.20				<input type="checkbox"/>
Td Adsorbed	\$22.56				<input type="checkbox"/>
Tubersol	\$39.60				<input type="checkbox"/>
Varilix®	\$61.56				<input type="checkbox"/>
Varivax III®	\$81.85				<input type="checkbox"/>
Vaxneuvance®	\$				<input type="checkbox"/>
Fluad®	\$13.04				<input type="checkbox"/>
Flucelvax	\$25.00				<input type="checkbox"/>
Fluviral	\$				<input type="checkbox"/>
Fluzone® Trivalent HD	\$69.50				<input type="checkbox"/>
Fluzone® Trivalent	\$6.85				<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
Subtotal in this refrigerator					
Grand total in this refrigerator					

Northeastern Public Health Use Only

Name of staff that investigated the incident (signature and title):

Data entered in Panorama: Yes Date: ASC#:

EMR task sent to VPD Coordinator: Yes Date:

Form and Report R00374 faxed to premise: Yes Date: