NSW GOVERNMENT Health
South Eastern Sydney Local Health District

Cold Chain Breach and Vaccine Wastage Reporting Form

Complete this form if you have experienced a cold chain breach. **DO NOT** discard any NIP vaccines and clearly label **NOT** to be used until further advice provided by Public Health Unit (PHU)

This survey is confidential and is shared with the South Eastern Sydney Public Health Unit Immunisation team.

It takes approximately 25 mins to complete.

Sections marked with an * are mandatory

Facility name
* must provide value

What is the notification date? (today's date)
Today D-M-Y

What is your vaccine account number (VAN)?
* must provide value
only enter the number

Full name of the person reporting the breach
* must provide value

What is your email address?
* must provide value

What is your phone number?
* must provide value

What is the address?

Number of GPs in the practice

SAMPLE

Details of Cold Chain Breach

Complete all fields with *

Type of refrigerator
* must provide value

How many vaccine fridges do you have?
* must provide value

If CCB in more than 1 fridge, each fridge needs a survey completed

How many vaccine fridges were affected by a CCB?
* must provide value

- ○ 1
- ○ 2
- ○ 3
- ○ >3

reset

If CCB in more than 1 fridge, each fridge needs a survey completed

Date of Cold Chain Breach
* must provide value

Today D-M-Y

Date the Cold Chain Breach was identified
* must provide value

Today D-M-Y

What was the reason for the Cold Chain Breach
* must provide value

Expand

What was the minimum data logger temperature (Min)?
* must provide value

What was the maximum data logger temperature (Max)?
* must provide value

What was the duration outside 2 degrees to 8 degrees? (hrs/ mins)
* must provide value

Now H:M

Is this the first cold chain breach for these vaccines?
* must provide value

- ○ Yes
- ○ No

reset

Was anyone vaccinated with compromised vaccines?
* must provide value

- ○ Yes
- ○ No

reset

PHU to provide advice if yes

SAMPLE

Fridge and Cold Chain Monitoring Details

Complete all details

Date of refrigerator purchase
* must provide value

Today D-M-Y

Date of last refrigerator service
* must provide value

Today D-M-Y

Further information (if applicable)

Type of data logger
* must provide value

- Inbuilt
- Portable

reset

Date of the last calibration/ service of the data logger
* must provide value

Today D-M-Y

Further information (if applicable)

Expand

Type of min/max thermometer
* must provide value

- Inbuilt
- Battery operated
- Inbuilt and battery operated

reset

Date of last accuracy check i.e. [illegible] carry out the min/max thermometer
* must provide value

Today D-M-Y

Further information (if applicable)

Expand

Is there an alternative fridge for vaccine storage?
* must provide value

- Yes
- No

reset

Further information (if applicable)

Expand

SAMPLE

Vaccine Details

Count and enter the **exact number** of doses of each vaccine brand in the refrigerator at the 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 the second breach) e.g. below

Vaccine Doses
MMRII 5 (5)
Infanrix 13 (2)

Which vaccine/s were affected by the CCB? (You can select multiple vaccines)

* must provide value

- [ ] Act- HIB
- [ ] Adacel
- [ ] Alfuria Quad
- [ ] Bexsero
- [ ] Boostrix
- [ ] Boostrix IPV
- [ ] Engerix (paed)
- [ ] Engerix B (adult)
- [ ] Fluad Quad
- [ ] Fluarix Tetra
- [ ] Fluquadri
- [ ] Gardasil 9
- [ ] Havrix 144
- [ ] HEP B Vax II - adult
- [ ] Hepatitis Vax II - paed
- [ ] Imogam
- [ ] Imojax
- [ ] Infanrix
- [ ] Infanrix hexa
- [ ] Infanrix -IPV
- [ ] IPOL
- [ ] JEspect
- [ ] KamRAB
- [ ] MIRV
- [ ] MMR II
- [ ] Neis-Vac C
- [ ] Nimenrix
- [ ] Pneumovax 23
- [ ] Prevnar 13
- [ ] Priorix
- [ ] Priorix Tetra
- [ ] ProQuad
- [ ] Quadracel
- [ ] Rotarix
- [ ] Tripacel
- [ ] Vaqta
- [ ] Varivax
- [ ] Varilrix
- [ ] Vaxelis
- [ ] Vaxigrip Tetra
- [ ] Verorab
- [ ] Zostavax

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Attachments Required

Please upload the following documents in the respective fields below. If you have any issues uploading them, please email them to SESLHD-PublicHealthUnit-IMMTeam@health.nsw.gov.au.

- **Data Logging** for before, during and after 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)

Returning the form:

1. Your local public health unit will provide advice on cold chain management and vaccine disposal (if required).
2. 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.
5. PHU **do not** have jurisdiction for private vaccines, contact the manufacturer for further advice.
6. COVID vaccines - PHU **do not** manage CCB for COVID vaccines, contact The Vaccine Operation Centre (VOC) on 1800 318 208 or email COVID19VaccineOperationsCentre@Health.gov.au

Please upload the data logs for before and after the cold chain breach (graph and temp log required)	Upload file
Please upload the vaccine refrigerator twice daily min/max chart	Upload file
Please upload Min/ Max temperature chart used during transfer of vaccines e.g. esky (if applicable)	Upload file
Please upload the new refrigerator service report (required if there has been a fridge malfunction)	Upload file
Please upload certificates of completion of all staff that have completed the NSW Health Vaccine Storage and Cold Chain Management online training module	Upload file
Leave blank. Do not upload data here - for PHU internal purpose only.	Upload file

SAMPLE