Ontario

Ministry of Health

# Vaccine Cold Chain Incident Exposure/Wastage Report

## Section A – Public Health Unit Information

Name of public health unit

Date report completed (yyyy/mm/dd)

**Report completed by**

First Name

Last Name

Telephone Number ext.

Email Address

## Section B – Premises Information

Name of premises

**Premises Contact**

First Name

Last Name

Telephone Number ext.

**Premises type**

- ☐ Physician office (FP solo)
- ☐ Physician office (Ped solo)
- ☐ Physician office (FP group)
- ☐ Physician office (Ped group)
- ☐ Community Health Centre
- ☐ Correctional facility
- ☐ First Nations facility
- ☐ Hospital
- ☐ Long-term care home
- ☐ Nursing agency
- ☐ Occupational health
- ☐ Public health unit
- ☐ Pharmacy
- ☐ Retirement home
- ☐ School
- ☐ Other

Client ID

Date of Most Recent Inspection (yyyy/mm/dd)

☐ Detected on Annual Inspection

Date public health unit notified (yyyy/mm/dd)

## Section C – Incident Description

Date and time of last known temperature consistently between +2ºC to +8ºC

Date (yyyy/mm/dd)

Time (hh:mm)

Date and time of incident

Date (yyyy/mm/dd)

Time (hh:mm)

Temperature at time of incident

Minimum

Maximum

Current

Estimated duration

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).

**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)
- ☐ Other (describe)

## Section D – Actions Taken by Public Health Unit Staff

Request premises to forward the following to the public health unit as soon as possible:


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☐ Copy of previous 2 weeks of temperature logs;

☐ Provide inventory of affected vaccines;

☐ Bag all vaccine and label “DO NOT USE” and move to the required storage conditions (monitored refrigerator or insulated container);

☐ Determine vaccine stability and report finding to premises;

☐ Advise **premises** to return expired and spoiled vaccine to the public health unit. Public health unit is to complete the Non-reusable (expired or spoiled) Vaccine Return Record (Form 3150E– http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3150-64E~5/$File/3150-64E.pdf;

☐ Toronto Public Health only – Advise premises to return expired and spoiled vaccine to OGPMSS by completed the Non-reusable (expired or spoiled) Vaccine Return Record (Form 3296-64E – http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3296-64E~5/$File/3296-64E.pdf;

☐ Public health unit/premises must mark reusable vaccine to indicate an exposure to a cold chain incident and public health unit must advise premises to use exposed vaccine first.

## Section E - Vaccine Inventory

| Vaccine | Lot number | Number of doses | Expiry date (yyyy/mm/dd) | Previous exposure (✓ if yes) | Can be used (✓ if yes) | Comments | Price per dose | Value of **returned** vaccine(s) |
|---|---|---|---|---|---|---|---|---|
| Act-Hib® | | | | ☐ | ☐ | | $46.00 | 0 |
| Adacel® | | | | ☐ | ☐ | | $38.55 | 0 |
| Adacel®-Polio | | | | ☐ | ☐ | | $52.79 | 0 |
| Bexsero® | | | | ☐ | ☐ | | $109.64 | 0 |
| Boostrix® | | | | ☐ | ☐ | | $30.74 | 0 |
| Boostrix®-Polio | | | | ☐ | ☐ | | $37.06 | 0 |
| Engerix B® Adolescent/Adult | | | | ☐ | ☐ | | $24.01 | 0 |
| Engerix B® Pediatric | | | | ☐ | ☐ | | $11.39 | 0 |
| Gardasil® 9 | | | | ☐ | ☐ | | $170.87 | 0 |
| Havrix® Adult | | | | ☐ | ☐ | | $49.37 | 0 |
| Havrix® Pediatric | | | | ☐ | ☐ | | $24.68 | 0 |
| Imovax® Polio | | | | ☐ | ☐ | | $47.00 | 0 |
| Imovax® Rabies | | | | ☐ | ☐ | | $207.65 | 0 |
| Menactra® | | | | ☐ | ☐ | | $105.30 | 0 |
| Menjugate® | | | | ☐ | ☐ | | $36.74 | 0 |
| Menveo® | | | | ☐ | ☐ | | $107.21 | 0 |
| Nimenrix® | | | | ☐ | ☐ | | $99.48 | 0 |
| MMR® II | | | | ☐ | ☐ | | $34.33 | 0 |
| NeisVac-C® | | | | ☐ | ☐ | | $80.19 | 0 |
| Pediacel® | | | | ☐ | ☐ | | $55.02 | 0 |
| Pneumovax® 23 | | | | ☐ | ☐ | | $24.97 | 0 |
| Prevnar® 13 | | | | ☐ | ☐ | | $99.02 | 0 |
| Priorix® | | | | ☐ | ☐ | | $29.32 | 0 |
| Priorix-Tetra™ | | | | ☐ | ☐ | | $96.70 | 0 |
| ProQuad® | | | | ☐ | ☐ | | $116.17 | 0 |
| RabAvert® | | | | ☐ | ☐ | | $181.16 | 0 |
| Recombivax HB® Adolescent/Adult | | | | ☐ | ☐ | | $22.54 | 0 |
| Recombivax HB® Pediatric | | | | ☐ | ☐ | | $11.40 | 0 |
| Recombivax HB® Renal | | | | ☐ | ☐ | | $184.80 | 0 |
| Rotarix™ | | | | ☐ | ☐ | | $88.16 | 0 |
| Shingrix® | | | | ☐ | ☐ | | $129.20 | 0 |
| Td Adsorbed | | | | ☐ | ☐ | | $22.56 | 0 |
| Td Polio | | | | ☐ | ☐ | | $61.55 | 0 |
| Tubersol® | | | | ☐ | ☐ | | $39.60 | 0 |

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|---|---|---|---|---|---|---|---|---|
| Varilix® | | | | ☐ | ☐ | | $61.56 | 0 |
| Varivax® III | | | | ☐ | ☐ | | $81.85 | 0 |
| Alfuria Tetra | | | | ☐ | ☐ | | $13.75 | 0 |
| Fluad® | | | | ☐ | ☐ | | $13.04 | 0 |
| Flucelvax | | | | ☐ | ☐ | | $25.00 | 0 |
| FluLaval Tetra | | | | ☐ | ☐ | | $14.00 | 0 |
| Fluzone® Quadrivalent HD | | | | ☐ | ☐ | | $69.50 | 0 |
| Fluzone® Quadrivalent | | | | ☐ | ☐ | | $6.85 | 0 |
| | | | | ☐ | ☐ | | | |
| | | | | | | | **Total Value of all Returned Vaccines** | 0 |