



Vaccines for Children (VFC) Storage and Handling Incident Response Worksheet

Completed by VFC Provider

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VFC Provider Information

Facility Name:		VFC PIN:
		IRIS Org:
Date of Event:	Contact Name:	
Contact Phone:	Contact Email:	

Overview

Overview of Incident (select all that apply)			
	Door left open/ajar		Natural Disaster/Power outage/Breaker Tripped
	Vaccine left out on counter		Vaccine spoiled during transport
	Mechanical failure		Freezer too warm
	Unit unplugged		Refrigerator vaccine stored in freezer
	Staff adjusted unit temperature controls		Refrigerator too cold
	Frozen vaccine stored in refrigerator		Refrigerator too warm
	Other (specify below)		

Type of Storage Unit #1 (select only one)			
	RG standalone		RG/FZ combination commercial or household
	RG standalone pharmaceutical		<ul style="list-style-type: none"> • RG/FZ combination – RG only • RG/FZ combination – FZ only
	FZ standalone commercial or household		
	FZ standalone pharmaceutical		RG/FZ combination pharmaceutical
	UC FZ standalone		

Current temperature: _____ Min/Max temperature reached (C/F): _____

Total length of time temperature was outside of normal range:

Hours: _____ Minutes: _____

Type of Storage Unit #2 (select only one)			
<input type="checkbox"/>	RG standalone	<input type="checkbox"/>	RG/FZ combination commercial or household
<input type="checkbox"/>	RG standalone pharmaceutical		
<input type="checkbox"/>	FZ standalone commercial or household	<input type="checkbox"/>	<ul style="list-style-type: none"> • RG/FZ combination – RG only • RG/FZ combination – FZ only
<input type="checkbox"/>	FZ standalone pharmaceutical		
<input type="checkbox"/>	UC FZ standalone		

Current temperature: _____ Min/Max temperature reached (C/F): _____

Total length of time temperature was outside of normal range:

Hours: _____ Minutes: _____

Type of Storage Unit #3 (select only one)			
<input type="checkbox"/>	RG standalone	<input type="checkbox"/>	RG/FZ combination commercial or household
<input type="checkbox"/>	RG standalone pharmaceutical		
<input type="checkbox"/>	FZ standalone commercial or household	<input type="checkbox"/>	<ul style="list-style-type: none"> • RG/FZ combination – RG only • RG/FZ combination – FZ only
<input type="checkbox"/>	FZ standalone pharmaceutical		
<input type="checkbox"/>	UC FZ standalone		

Current temperature: _____ Min/Max temperature reached (C/F): _____

Total length of time temperature was outside of normal range:

Hours: _____ Minutes: _____

Action(s) Taken (Select all that apply)	
<input type="checkbox"/>	Vaccine marked as "Do Not Use"
<input type="checkbox"/>	Shut unit door if left open
<input type="checkbox"/>	Resupplied power to unit
<input type="checkbox"/>	Adjusted thermostat
<input type="checkbox"/>	Monitored temperature stability for 30+ minutes after return to stable range
<input type="checkbox"/>	Vaccine stored in unit after temperature stabilized
<input type="checkbox"/>	Vaccine moved to back-up storage unit (if necessary)
<input type="checkbox"/>	Manufacturers called for stability/viability guidance
<input type="checkbox"/>	VFC primary and back-up coordinators notified
<input type="checkbox"/>	Medical Director informed of incident
<input type="checkbox"/>	VFC Immunization nurse clinician notified
<input type="checkbox"/>	Added dry ice
<input type="checkbox"/>	Moved to new storage unit
<input type="checkbox"/>	Other (please specify):

Digital Data Logger (DDL) data for this incident is included (**required**)? Yes No

Corrective Action Plan

Corrective Action Plan (select all that apply)	
<input type="checkbox"/>	No corrective action needed
<input type="checkbox"/>	Assure temperature probe is properly placed and secure
<input type="checkbox"/>	Purchase or repair storage unit
<input type="checkbox"/>	Purchase alarm notification system
<input type="checkbox"/>	Perform maintenance on unit
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Pull unit out from wall
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Clean Coils
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Check seals and door hinges
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Defrosted manual-defrost freezer
<input type="checkbox"/>	Update Storage and Handling Plan
<input type="checkbox"/>	Conduct staff education
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Review Storage and Handling Plan with staff
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Provide training for clinic staff on temperature monitoring
<input type="checkbox"/>	Other (please specify):

Was compromised vaccine administered to patients? Yes No

Vaccine Manufacturer Recommendations

Refrigerator	Vaccine & Manufacturer	Lot Number	Expiry Date	Total Doses	# Open Vials	Manufacturer Recommendations	
Comments:							

Freezer	Vaccine & Manufacturer	Lot Number	Expiry Date	Total Doses	# Open Vials	Manufacturer Recommendations
	Comments:					

Ultra-Cold Freezer	Vaccine & Manufacturer	Lot Number	Expiry Date	Total Doses	# Open Vials	Manufacturer Recommendations
	Comments:					

Manufacturer Contact Information

Manufacturer	Vaccine(s)	Contact
AstraZeneca	FluMist	800-236-9933
		https://www.astrazeneca-us.com
Dynavax	Hepelisav-B	877-848-5100
		844-375-4728 (84-HEPLISAV)
Glaxo Smith Kline	Bexsero, Boostrix, Engerix, Fluarix, FluLaval, Havrix, Hiberix, Infanrix, Kinrix, Menveo, Pediarix, Priorix, Rotarix, Shingrix, Twinrix	877-356-8368
		GSK Stability Calculator
Grifols	TDVAX, Immune Globulin	888-474-3657 - Grifols
		317-474-3000 – MassBiologics
Merck	Gardasil9, MMRII, PedvaxHIB, Pneumovax23, ProQuad, Recombivax, RotaTeq, Vaqta, Varivax, Vaxelis, Vaxneuvance	800-444-2080
		Merck Stability Calculator
Moderna	Covid-19	866-663-3762
		Moderna Stability Calculator
Novavax	Covid-19	844-668-2829
		https://www.novavaxmedinfo.com
Pfizer	Abrysvo, Covid-19, Prevnar20, Trumenba	800-438-1985
		Pfizer Stability Calculator
Sanofi Pasteur	ActHIB, Adacel, Beyfortus, Daptacel, Fluzone, IPOL, MenQuadfi, Pentacel, Quadracel, Tenuvac	800-822-2463
		Sanofi Pasteur Stability Calculator
Seqirus USA	Afluria, Flucelvax	901-432-3920
		https://www.cslseqirus.us