

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)			
<input type="checkbox"/>	Door left open/ajar	<input type="checkbox"/>	Natural Disaster/Power outage/Breaker Tripped
<input type="checkbox"/>	Vaccine left out on counter	<input type="checkbox"/>	Vaccine spoiled during transport
<input type="checkbox"/>	Mechanical failure	<input type="checkbox"/>	Freezer too warm
<input type="checkbox"/>	Unit unplugged	<input type="checkbox"/>	Refrigerator vaccine stored in freezer
<input type="checkbox"/>	Staff adjusted unit temperature controls	<input type="checkbox"/>	Refrigerator too cold
<input type="checkbox"/>	Frozen vaccine stored in refrigerator	<input type="checkbox"/>	Refrigerator too warm
<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>	

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

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)		None
	RG standalone	RG/FZ combination commercial/household <ul style="list-style-type: none"> • RG/FZ combination – RG only • RG/FZ combination – FZ only
	RG standalone pharmaceutical	
	FZ standalone commercial/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 #3 (select only one)		None
	RG standalone	RG/FZ combination commercial/household <ul style="list-style-type: none"> • RG/FZ combination – RG only • RG/FZ combination – FZ only
	RG standalone pharmaceutical	
	FZ standalone commercial/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: _____

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):

Is a copy of the Digital Data Logger (DDL) data for this incident 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"/>	Pull unit out from wall
<input type="checkbox"/>	Clean Coils
<input type="checkbox"/>	Check seals and door hinges
<input type="checkbox"/>	Defrosted manual-defrost freezer
<input type="checkbox"/>	Update Storage and Handling Plan
<input type="checkbox"/>	Conduct staff education
<input type="checkbox"/>	Review Storage and Handling Plan with staff
<input type="checkbox"/>	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	Heplisav-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, Tenivac	800-822-2463
		Sanofi Pasteur Stability Calculator
Seqirus USA	Afluria, Flucelvax	901-432-3920
		https://www.cslseqirus.us