

# STORAGE AND HANDLING INCIDENT RESPONSE WORKSHEET

COMPLETED BY VFC PROVIDER

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

## OVERVIEW

Overview of Incident <i>(select all that apply)</i>	
<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, describe below	

Type of Storage Unit #1 <i>(select one only)</i>	
<input type="checkbox"/> RG stand alone commercial/household	<input type="checkbox"/> RG/FZ combination commercial/household
<input type="checkbox"/> RG stand alone pharmaceutical	<input type="checkbox"/> • RG/FZ combination – RG ONLY <input type="checkbox"/> • RG/FZ combination – FZ ONLY
<input type="checkbox"/> FZ stand alone commercial/household	<input type="checkbox"/> RG/FZ combination pharmaceutical
<input type="checkbox"/> FZ stand alone pharmaceutical	
<input type="checkbox"/> McKesson shipping container	

Type of Storage Unit #2 <i>(select one only)</i>	
<input type="checkbox"/> RG stand alone commercial/household	<input type="checkbox"/> RG/FZ combination commercial/household
<input type="checkbox"/> RG stand alone pharmaceutical	<input type="checkbox"/> • RG/FZ combination – RG ONLY <input type="checkbox"/> • RG/FZ combination – FZ ONLY
<input type="checkbox"/> FZ stand alone commercial/household	<input type="checkbox"/> RG/FZ combination pharmaceutical
<input type="checkbox"/> FZ stand alone pharmaceutical	<input type="checkbox"/> McKesson shipping container

Current temperature (C/F): \_\_\_\_\_ Min/Max temperature reached (C/F): \_\_\_\_\_

Total length of time temperature was outside of normal range for refrigerator: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Total length of time temperature was outside of normal range for freezer: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Action Taken <i>(select all that apply)</i>	
<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 temperatures for 30 minutes for return to stable ranges
<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
<input type="checkbox"/>	VFC primary and back-up contacts notified
<input type="checkbox"/>	Medical director informed of incident
<input type="checkbox"/>	IDPH nurse consultant notified

### CORRECTIVE ACTION PLAN

Corrective Action Plan <i>(select all that apply)</i>	
<input type="checkbox"/>	No corrective action needed
<input type="checkbox"/>	Assure temperature probe is properly placed and secured
<input type="checkbox"/>	Purchase/Repair storage unit
<input type="checkbox"/>	Purchase 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"/>	Defrost manual-defrost freezers
<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, describe below

Was compromised vaccine administered to patients? Yes \_\_\_\_\_ No \_\_\_\_\_



FREEZER	Vaccine/Manufacturer	Lot Number	Expiration Date	Number of Doses	Opened Vials	Manufacturer Recommendations	

VACCINE MANUFACTURERS	Vaccine	Manufacturer	Phone
	IPV, Daptacel, DT (Generic), Tenivac, ActHib, Fluzone, Flublock RIG, Imovax, Typhim Vi, YF-VAX, Adacel, Menactra, Pentacel, Tubersol, Quadracel	Sanofi Pasteur	1-800-822-2463
	Recombivax HB, MMR, Varivax, PedvaxHIB, Pneumovax 23, Vaqta, RotaTeq, Gardasil, Zostavax, ProQuad	Merck	1-800-444-2080
	Infanrix, Pediarix, Engerix B, Havrix, Twinrix, Boostrix, Fluarix, Kinrix, Rotarix, FluLaval, Hiberix, Bexsero, Menveo, RabAvert, Shingrix	GlaxoSmithKline	1-877-356-8368
	Prevnar13, Trumenba	Pfizer	1-800-438-1985
	Td (Generic)	MassBiologics/Grifols	1-888-474-3657
	Immune Globulin	Grifols	1-888-474-3657
	Nabi HB (Hep B Immune Globulin)	Nabi	1-800-458-4244
	Synagis, Flumist	MedImmune	1-877-633-4411
	Flucelvax, Afluria, FLUAD	Seqirus	901-432-3920
	Vivotif (typhoid), Vaxchora	PaxVax	1-888-533-9053
	Hepilisav-B	Dynavax Technologies	1-877-848-5100
Aplisol	JHP Pharmaceuticals LLC	248-651-9081	