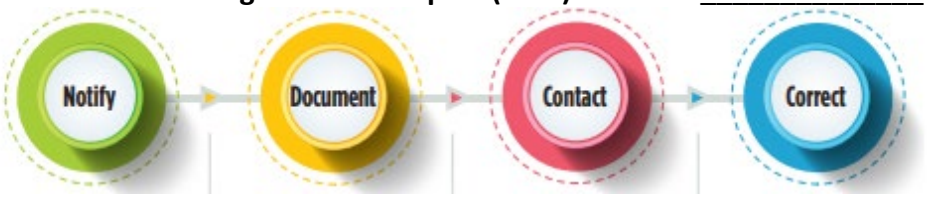
OKLAHOMA State Department of Health

Oklahoma 2023 VFC Vaccine Storage Incident Report (VSIR) Date _____



Name of Clinic: _____VFC Pin # _____

Reported by: _____Direct Phone # _____Email _____

Date(s) of Excursion:_____Time of Excursion: _____

Notify:

1. Were the Medical Director, the Vaccine Coordinator and the Back-up Vaccine Coordinator notified of excursion?
Yes ◯ No ◯

2. Were staff notified not to use the vaccines and **were the vaccines** in the impacted storage unit **quarantined** in a working, within-range, continuously monitored, VFC-approved storage unit, and bagged and labeled **"DO NOT USE"** pending a response being received from Immunization Service? Yes ◯ No ◯

DO NOT automatically discard the affected vaccine.

Document:

3. What was the excursion temperature inside the different storage unit(s) at the time the problem was discovered? Refrigerator Temperature Min/Max _____ C or _____ F

Standard Freezer Temperature Min/Max _____ C or _____ F

Were multiple units affected by the excursion? Yes No

Mark additional units R or SF and # : _____Min/Max_____ C or _____ F _____ Min/Max _____ C or _____F

**Please note that any temperature reading outside the recommended range for the Refrigerator- between 35.6 F (2 C) & 46.4 F (8 C) or above +5 F [-15 C]) for the Standard Freezer is considered a temperature excursion.*

4. How long were the vaccines exposed to inappropriate storage temperatures? Please record the total time outside of range for each unit.

Refrigerator ____days _____hours____ minutes Freezer ____days _____hours____minutes

Refrigerator #2 _____ days _____hours _____minutes Freezer #2 ____days _____hours____minutes

5. If available, what was the room temperature surrounding the affected unit at the time of the excursion? ____C or ____F

6. Where was the temperature probe (or probes- if multiple thermometers are in same unit) placed in the unit (or units) at the time of the excursion?

_____

_____

7. Was an inventory count of the vaccines within the affected storage unit conducted? Yes ◯ No ◯

8. Record the temperature alarm setting on Digital Data Logger Report: Min/Max _____

9. Where is your MMR II stored? Refrigerator or Freezer (Circle one)

10. What type of storage unit(s) experienced the excursion?

Pharmaceutical grade unit or Commerical household unit (Circle one)

Make _____ Model_____ Serial Number _____

Make _____ Model_____ Serial Number _____

Make _____ Model_____ Serial Number _____

Contact: **Immunization Field Consultant (IFC) or if IFC is unavailable contact Immunization Service at 405.426.8580.**
Immunization Service will contact the manufacturer(s) regarding all VFC vaccines which were exposed to out-of-range temperatures. Immunization Service will notify the contact's name listed above regarding the determination of vaccine viability.
Give IFC or Immunization Service staff a description of the incident. If the instance was another scenario, such as delivered vaccines were left at the clerk's desk and not placed into proper storage, describe that here.
Please describe when, where, and how the incident occurred:

_____

_____

_____

_____

Has this vaccine been involved in previous excursion(s)? When? Describe circumstances _____

_____

Correct: **Consider what action steps will be taken to prevent this from happening in the future:**

_____

_____

_____

Turn in this report along with the digital data logger printout and a count sheet including the exposed vaccines.

- Data logger data needs to include last time temperatures were within range before temperatures went out of range to when temperatures came back within range. If excursion took place in multiple units, include digital data logger reports for each unit affected.
- For a count sheet, in OSIIS go to Reports> Inventory Management> Count Sheet. Print the Count Sheet for your clinic and count your exposed vaccines. If excursion took place in multiple units, on the count sheet mark each exposed vaccine to the right of the listing as to which unit they were in (Example: Fridge = R, Freezer = F, if multiple units, R1, R2, F1, F2.) Mark the corresponding digital data logger reports with this abbreviation also. If any of the vaccines were not exposed in the excursion, write "not exposed" to the right of the vaccine.
  Vaccine must remain under quarantine until an official notification is provided by Immunization Service.

Vaccine Storage and Handling Incident Category (Use for Vaccine Return Reasons)

1. Natural Disaster/Power Outage ◯
2. Failure to store properly upon receipt ◯
3. Mechanical Failure ◯
4. Refrigerator too cold ◯
5. Refrigerator too warm ◯
6. Freezer too warm or too cold ◯
7. Vaccine Spoiled ◯
8. Other:_____

Signature of Medical Director or Equivalent:

_____