

The Yukon Immunization Program (YIP) requires all health centres to report a cold chain break to the Immunization Program and quarantine the product until further direction is provided. When submitting a cold chain break, please complete **all sections** of the incident report form and ensure that the actions listed below are complete. Please submit the completed report form to immunizationprogram@yukon.ca for further direction.

SECTION A – HEALTH CENTRE INFORMATION					
Health centre:	Date of report:				
Report completed by:	Alternative Contact:				
Contact Information:	Alternative Contact Information:				
(Phone):	(Phone):				
(Fax):	(Fax):				
Incident Report Number (YIP use only):					

Action 1: Take action when vaccines or biologics have been exposed to temperatures $< +2^{\circ}\text{C}$ or $>+8^{\circ}\text{C}$

Action 2: Separate affected vaccines or biologics in a separate container (paper bag) marked "DO NOT USE" and place in a well-functioning monitored refrigerator or cooler until further instruction is provided on what to do with the vaccines. Note: quarantined products should be stored according to the instructions found on each product page (see, Yukon Immunization Manual).

The vaccines and biologics may still be viable. Do not assume that the product cannot be salvaged.



Action 3: Record the list of exposed vaccines and/or biologics on the next page:

SECTION B – DESCRIPTION OF EXPOSED VACCINES AND BIOLOGICS						
Name of	Manufacturer	Lot	Expiry	Quantity	Previous	Recommendation from
Vaccines/Biologics		Number	Date	(doses)	exposure	Manufacture
					(Y/N)?	(YIP Use Only)
*Soo appendix A fo	r additional page(s)	if pooded	l	l	l	<u> </u>

See <u>appendix A</u> for additional page(s) if needed

Action 4: Identify duration of exposure to undesirable storage temperatures and identify why the cold chain failure occurred.

SECTION C – DESCRIPTION OF OCCURRENCE AND TEMPERATURES								
	Date	Time	Current Temp	Minimum Temp	Maximum Temp			
When break discovered								
When temp last checked								

SECTION C (CONTINUED) – DESCRIPTION OF OCCURRENCE AND TEMPERATURES					
Duration of exposure (in estimated hours):					
Cause of occurrence:					
☐ Equipment malfunction					
☐ Electricity disconnected					
☐ Power failure					
☐ Human Error					
☐ Other, specify:					

Action 5: YIP will contact the specific manufacturer (in Canada) for immediate advice on whether or not the vaccines or biologics can be used. YIP will indicate the manufacturer recommendations on the table in Section B and advise the clinic of next steps.



SECTION D – TEMPERATURE MONITORING AND REFRIGERATOR INFORMATION
Is the refrigerator temperature monitored?
□ No
☐ Yes
If yes, indicate the type of thermometer used:
□ Other
☐ Min/max thermometer
☐ Continuous temp data logger
Is temperature recorded:
□ No
☐ Yes
Indicate the frequency of temperature monitoring:
☐ Twice daily on working days
☐ From time to time
☐ Daily on working days
Other, specify:
Indicate the type of fridge:
☐ Lab style
☐ Bar style fridge
o Age in years:
☐ Domestic
Other, specify:
(If applicable) Cold chain failure during transport to and during off-site clinics
Indicate type of carrier (cooler):
Type of cold chain monitor used:
☐ Continuous temperature data logger
Duration of exposure (in estimated hours):
☐ Cold mark:
o Clear
o Pink/cloudy
Maximum Temperature: Minimum Temperature:
☐ Warm mark:
 How many round indicator windows are partially or completely pink/red?

SECTION E – ACTIONS TAKEN FOLLOWING RECOGNITION OF OCCURRENCE

Action 6: Consultation with YIP is required:

- 1. To discuss the occurrence
- 2. To review what products are viable





- 3. To discuss appropriate disposal procedures (either discarded into an appropriate biological waste container or returned to WGH)
- 4. For approval to order replacement product.
- 5. If product can be returned contact the Yukon Immunization Program for return instructions.

Action 7: If there has been a cold chain break, receive the contents of the container that experienced the cold chain break into CCQ HP within the Panorama Inventory Module. Once YIP has given guidance on viability, vaccines can be moved from CCQ back into OP REF or OP FRZ. For guidance on Panorama inventory functions refer to the QRGs found in the G drive.

Action 8: Vaccines and biologics deemed useable must be clearly identified with a Red Dot or label, as having been exposed to a cold chain failure, date, and length of exposure in hours and ensure these products are used first.



Appendix A: Additional space for recording vaccine information

SECTION B – DESCRIPTION OF EXPOSED VACCINES AND BIOLOGICS						
Name of Vaccines/Biologics	Manufacturer	Lot Number	Expiry Date	Quantity (doses)	Previous exposure (Y/N)?	Recommendation from Manufacture (YIP Use Only)



SECTION B – DESCRIPTION OF	EXPOSED VACC	INES AND BIOL	OGICS			
Name of Vaccines/Biologics	Manufacturer	Lot Number	Expiry Date	Quantity (doses)	Previous exposure (Y/N)?	Recommendation from Manufacture (YIP Use Only)