



2022 VFC Vaccine Storage Incident Report (VSIR)

(For use when vaccine has been exposed to out-of-range temperatures. See VSIR Decision Tree)

Name of Clinic: _____ Date of Incident : _____

VFC Pin # _____ Phone # _____ Assigned _____

Contact Name _____ Direct Phone # _____ Email _____

1. **Correct the situation.** Adjust temperature control as appropriate, shut the door, plug in the refrigerator/freezer or transfer vaccine to a working storage unit with temperatures in the correct range and monitored by a data logger with a current certificate of calibration.
Contact Immunization Field Consultant (IFC) or if IFC is unavailable contact Immunization Service at 405.426.8580.

2. **Quarantine the vaccine.** Bag and label the vaccine “DO NOT USE” so the vaccine is not administered until a response has been received from Immunization Service. Keep the vaccine stored in a VFC approved storage unit at required temperatures until viability is determined by Immunization Service. Do not automatically discard the affected vaccine.

3. **Record the following: DDL Certificate of Calibration _____ Temp alarm setting on DDL MIN _____ Max _____**
Where is your MMRII is stored Refrigerator or Freezer (Circle one)

1. Circle the units which were involved in the excursion?	Refrigerator		Freezer	
2. Circle the type of unit you have?	Purpose built Pharmaceutical grade Stand-alone Household		Purpose built Pharmaceutical grade Stand-alone Household	
3. Are the unit temperatures back within range?	Yes	No	Yes	No
4. Has the vaccine previously been exposed to temperatures outside the recommended range that resulted in a VSIR? Previous Case #	Yes	No	Yes	No
5. What were the minimum and maximum temperatures?	Min: °F	Max: °F	Min: °F	Max: °F
6. How long were the temperatures out of range?	Hrs.:	Mins:	Hrs.:	Mins:
7. Has any of this Vaccine been administered?	Yes	No	Yes	No
8. Are there water bottles in this unit?	Yes	No	Yes	No
9. Has the Vaccine Coordinator and Back-up Coordinator been notified?	Yes	No	Yes	No
If Yes Run: Patient Details with Services in OSIS for the time vaccine went out of range	Beginning Date	Ending Date	Beginning Date	Ending Date
Report all Vaccine Errors to VAERS:	Case#		Case#	
REPORT ALL VACCINE ERRORS TO ISMP: ismp.org\report-medication-error	Date of Report		Date of Report	

4. **Fill out the VSIR form completely.**
5. **Describe the incident in detail that resulted in vaccines being compromised.** Describe actions taken to prevent a similar loss in the future on the Vaccine Storage Incident Report Form (page 3).
6. **PROVIDER MUST sign the report. Email the following documents to assigned IFC and VFCHelp@health.ok.gov**
 - Completed 3-Page Vaccine Storage Incident Report (VSIR)
 - Certificates of Calibration
 - Certificates of Annual Training for the VFC Coordinator and Back-up Coordinator
 - Data logger data for excursion period
 - Written Temperature logs for excursion period
 - **Reconciled Inventory**
 - **Include inventory count sheet for exposed vaccine**
 - Any other related documents

***The VSIR will not be processed without the VSIR being completed in its entirety with provider signature on page 3, and required documents submitted.**

7. **Immunization Service will contact the manufacturer** regarding all VFC vaccines which were exposed to out-of-range temperatures.
8. **Immunization Service will notify the contact's name listed above regarding the determination of vaccine viability. Vaccine must remain under quarantine until an official notification is provided by Immunization Service. If the vaccines are determined to be nonviable, the provider should:**
 - Immediately remove the vaccine from the storage unit and mark it "Do Not Use"
 - Set aside nonviable vaccine in a designated area until shipping label(s) arrive
 - Complete the Vaccine Return Form in OSIIS
 - Properly discard partial vials of vaccine
 - Remove the spoiled vaccine from OSIIS Inventory
 - Contact assigned IFC or Immunization Service at [405.426.8580](tel:405.426.8580) for assistance if needed

Vaccine Storage and Handling Incident Category

1. Weather related power outage
2. Failure to store properly upon receipt
3. Equipment malfunction
4. Damaged or unaccounted for doses
5. Failure to respond to out-of-range temperatures
6. Other: _____

OFFICE USE ONLY:

Date received: _____

Date completed: _____

Vaccine disposition: Viable _____ Non-viable _____

Number of doses lost: _____

Vaccine replacement: Yes _____ No _____

Re-vax needed: Yes _____ No _____

Case Number: _____

IFC _____

VFC Manager _____

Date _____

Date _____