**East of England – Vaccine incident reporting form**

**This template may be adapted for local system use. You can also use/share your usual incident report forms. It is not a requirement to use this form.**

**National and local incident guidance is available on the East of England immunisation website -** [**EoE Immunisation Website**](https://www.england.nhs.uk/east-of-england/information-for-professionals/east-of-england-immunisation-team-2/)

### **Please send all vaccine incident reporting forms to -** **england.eoe-vacprg@nhs.net**

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| **Reporting organisation details** |
| **Name of person completing form & position/role** | **Contact details for person completing form(Email/Phone number)** |
| Name:Position/Role: | Email:Phone Number: |
| **ICB name:** | **Date/Time of incident** |
| [ ]  Bedfordshire, Luton and Milton Keynes ICB[ ]  Cambridgeshire and Peterborough ICB[ ]  Hertfordshire and West Essex ICB [ ]  Mid and South Essex ICB [ ]  Norfolk and Waveney ICB[ ]  Suffolk and North East Essex ICB | Date:Time: |
| **Organisation name / Incident site name & ODS code / Provider code** |
| Organisation name/ Incident site name:ODS / Provider Code: |
| **Full address of site where incident occurred** |
|  |
| **Type of incident** |
| [ ]  Licensed vaccine given outside legal mechanisms or Green Book (JCVI) guidance [ ]  Cold chain / Expired stock[ ]  Additional doses given incorrectly[ ]  Wrong cohort / Age[ ]  Incorrect administration[ ]  Other |
| **Description of incident / Near miss** |
| Vaccine incident guidance or cold chain policy referred to? |
| **Actions taken** |
| Vaccine manufacturer contacted if necessary?Duty of Candour? |
| **Root causes and mitigation** |
| Individual error/ knowledge gap/ time pressures?Recommendation or actions taken/required to prevent or reduce the risk of reoccurrence. |
| **Lessons learned and how these will be shared** |
|  |
| **Has MHRA Yellow Card been completed** | **Did this incident occur in the context of an outbreak response** |
| Yes[ ] No[ ]  | Yes[ ] No[ ]  |