**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**](mailto: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 and Vaccine Type** |
| 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:  Vaccine type(s) if applicable:  How many vaccines affected:  Vaccine Wastage: |
| **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?  Vaccine wastage reported? | |
| **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 |