**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** | |
| Name:  Position/Role:  E-mail:  Phone Number:  Form completion date: | |
| **ICB name:** | **Organisation name / Incident site name & ODS code / Provider code** |
| 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 | Organisation name/incident site name:  ODS/ Provider Code: |
| **Type of Incident** | |
| Licensed vaccine given outside legal mechanisms or Green Book (JCVI) guidance  Cold chain  Additional doses given incorrectly  Wrong cohort / Age  Incorrect administration  Other | |
| **Incident Description** | |
| Date incident occurred:  Time:  Patients affected? Yes  No  If ‘Yes’, please provide further details:  Vaccine type(s) (i.e. Bexsero) if applicable:  How many vaccines affected:  Vaccine Wastage – if wastage has occurred, please detail vaccine type(s), the number of each vaccine lost, and cost of losses (please only record vaccines that have been discarded, and not ones that are being kept for use off-label).  **Please note that all vaccine losses need to be logged on ImmForm as the table below is for our record only.**   | **Vaccine** | **Doses lost** | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| **Summary of incident / Near miss** | |
|  | |
| **Actions taken** | |
| Vaccine incident guidance or cold chain policy referred to?  Vaccine manufacturer contacted if necessary?  Duty of Candour?  Vaccine wastage reported on Immform? (Note: this should only be undertaken once confirmed with the manufacturer) | |
| **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 |