**NHS England South West Immunisation Incident Reporting Form**

**Please use this form to report immunisation incidents, including cold chain breaches.**

Please complete the form with as much detail as possible and return to: england.swscreeningandimms@nhs.net

|  |
| --- |
| **Section 1 – Practice/provider information** |
| Name of practice/service provider |  |
| Geographical area (LA/CCG) |  |

|  |
| --- |
| **Section 2 – Contact information**  |
| Incident lead | Name |  |
| Telephone number |  |
| Email address |  |
| Reporting person(if different from the incident lead) | Name |  |
| Telephone number |  |
| Email address |  |
| **Section 3 – Nature of the incident**  |
| Date and time of incident |  |
| Type of incident(tick the relevant box) | Cold chain |  | Vaccine administration |  | Vaccine expiry  |  | Other  |  |
| Root cause analysisPlease indicate the root cause(s) of the incident |  |
| Risk assessment and implicationsPlease indicate any risks identified and the severity of these risks if identified. Were any patients at risk? |  |

**Please complete sections 3a, 3b or 3c according to the incident you are reporting (i.e. cold chain, administration, expiry)**

Section 3a – Cold chain incident (must also be logged on ImmForm)

|  |  |
| --- | --- |
| Please provide a brief explanation of the incidentBackground and factsWhat happened? Who was involved? |  |
| Which vaccines were affected / are still stable for use?Please provide the name and type of vaccine. |  |
| Have the manufacturers been contacted?  |  |
| Were any of the implicated vaccines administered? |  |
| Were the vaccines held in a vaccine grade fridge(s)? |  |
| When was the vaccine fridge(s) purchased and last serviced? |  |
| Monitoring equipment | How many digital thermometers were in the fridge(s)? |  |
| How many data loggers were in the fridge(s)? |  |

Section 3b – Vaccine administration incident

|  |  |
| --- | --- |
| Please provide an explanation of the incidentWhat type of incident has occurred: incomplete or incorrect dosage / vaccine administration prior to or post recommended age / administration timeliness / wrong patient / incorrect mixing of vaccines / incorrect route of administration |  |
| How many patients have been affected? |  |

Section 3c – Vaccine expiry incident (must also be logged on ImmForm)

|  |  |
| --- | --- |
| Please provide a brief explanation of the incidentBackground and factsWhat happened?Who was involved? |  |
| Vaccines and expiry datesState the names of the vaccines, the number of expired doses and the expiry date |  |
| Were any of the vaccines administered? |  |

**Section 4 – Action taken**

|  |  |
| --- | --- |
| Corrective actionPlease indicate the immediate action taken |  |
| Preventative actionPlease indicate any preventative actions you have taken to prevent this incident from happening again in future |  |

**Section 5 – Further comments**

|  |
| --- |
|  |

**Section 6 – Screening & Immunisation Team comments**