**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

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

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| **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 analysis  Please indicate the root cause(s) of the incident |  | | | | | | | | |
| Risk assessment and implications  Please 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)

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| Please provide a brief explanation of the incident  Background and facts  What 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

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| Please provide an explanation of the incident  What 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)

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| Please provide a brief explanation of the incident  Background and facts  What happened?  Who was involved? |  |
| Vaccines and expiry dates  State the names of the vaccines, the number of expired doses and the expiry date |  |
| Were any of the vaccines administered? |  |

**Section 4 – Action taken**

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

**Section 5 – Further comments**

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