

# Responding to Incidents of Inappropriately Stored Vaccine at \_\_\_\_\_

When it is discovered that vaccine has been stored at temperatures out of the acceptable range the **Nurse or Medical Assistant:**

1. **Reports** any out of range temperatures to supervisor or \_\_\_\_\_.
  - 1a. **DO NOT** assume the vaccines are wasted or viable.
2. **Makes** a complete list of all affected vaccine, using the "**Emergency Response Worksheet**" (page 3d. in your immunization binder) and include:
  - Name of vaccine
  - Number of vaccine doses
  - Manufacturer's name
  - Lot numbers
  - Expiration date
  - How many hours temperatures were out of proper storage range, including maximum and/or minimum temperatures
3. **Separates** and **labels** possibly damaged vaccine "**Do Not Use**" and stores at appropriate temperatures in refrigerator/freezer.
4. **Notifies** WCHD Immunization Program promptly about incident: **676-4593** during business hours or **715-2588 after hours**.
5. **Calls** each manufacturer for advice on vaccine viability of vaccine:
  - 5a. **Asks** to speak with someone from the medical department
  - 5b. **Explains** what happened
  - 5c. **Records** the name of the person spoken with at vaccine manufacturer
  - 5d. **Requests** a faxed copy of their instructions

Sanofi Pasteur     (800) 822-2463  
Merck & Co., Inc.   (800) 672-6372  
MedImmune, Inc.   (877) 358-6478  
GlaxoSmithKline   (866) 475-8222  
Wyeth Vaccines     (800) 999-9384  
Novartis (Chiron)   (800) 244-7668
6. **Faxes** a copy of the manufacturer instructions to WCHD: **676-6772**
7. **Returns** viable vaccine to active inventory after refrigerator/freezer is replaced, repaired or adjusted and stabilized.
8. **Packages/groups** all vaccine to be returned.
  - 7a. If the damaged vaccine is state-supplied, **records** wasted doses on State Vaccine Report.
  - 7b. If private vaccine is to be held until expiration date, **labels** and **stores** in appropriate manufacturers' boxes in the bottom of refrigerator, until returned.

9. **Completes** "State Vaccine Return Form" (page 3e of your immunization binder) and follows instructions for "Returning VFC Vaccine" (from your immunization binder).

8a. **Includes** original in package returned to distributor.

8b. **Faxes** copy to the Department of Health and Whatcom County Health Department and keeps copy for clinic file.

10. **Returns** wasted state-supplied vaccine to the distributor per instructions.

11. **Notifies** supervisor or \_\_\_\_\_ if there is a need to consider re-vaccination of clients who received potentially damaged vaccine.