

Date Approved: January 2017
Applicable to: All Immunization Providers

Purpose: This document provides instruction on completing the Manitoba Health *Adverse Storage Condition (ASC) Form*.

Policy: In the event that vaccines and biologics supplied by Manitoba Health are exposed to an Adverse Storage Condition* the facility is responsible for the notification of the incident to Manitoba Health via the *Adverse Storage Condition (ASC) Form*.

*Adverse Storage Condition is defined as an exposure outside of the manufacturers recommended storage conditions.

When an ASC occurs, all sections of the *Adverse Storage Condition (ASC) Form* must be completed and faxed to the Manitoba Health Inventory Management Officer at: 204-948-2190.

Steps for Completing the *Adverse Storage Condition (ASC) Form*:

Section 1: Contact Information

- Enter the date the report was completed as well as the contact information for the person who filled out the form.
- The Holding Point (HP) Code is the 5 digit number assigned to an Immunization Provider when they register as a New Immunization Provider with Manitoba Health.

Section 2: ASC Details

- Fill out the date and time the ASC began as well as when it ended. (Please note: the time must be filled in using a 24hr clock format).

- Calculate the total duration** of the ASC and fill in this information.

***This is the number of hours since the last temperature was checked and the time of discovery – assuming actions were taken to bring the products back to the manufacturers' recommended storage conditions after discovery.*

Section 3: Cause of ASC

- Identify the cause of the ASC and write a short description of what happened in the space provided.

Section 4: Temperature Monitoring Information

- Check off whether or not the temperature in your refrigerator is being monitored and how often.
- Identify the date, time and last logged temperature from when the temperature was last checked and recorded.
- Identify the date, time and temperature of the refrigerator when the ASC was discovered, and the MAX/MIN temperatures during the interval.
- Check the appropriate box to indicate the type of monitor being used.

Section 5: Affected Products

- Outline all vaccines and biologics that were exposed to the ASC by completing the table.
- Clearly identify vaccines and biologics that have previously been exposed to an ASC, but were deemed useable. Communicate this to the manufacturer(s), as this could assist in determining if the products are useable.
- Contact the manufacturer(s) of the corresponding vaccines and biologics and explain the details of the ASC incident and request a recommendation on the stability and usability of the vaccines and biologics.
- All recommendations from the manufacturer(s) should be recorded on the table.
- Whenever possible ask the manufacturer(s) to provide their recommendation in writing.
- Include any written responses from the manufacturer(s) with the completed form to Manitoba Health.

**FAX COMPLETED FORM TO
MANITOBA HEALTH INVENTORY
MANAGEMENT OFFICER AT
204-948-2190**

NOTE: Once completed and the form has been faxed to Manitoba Health, consultation with the Manitoba Health Inventory Administrative Officer at 204-788-6721 may be required to review the occurrence, determine if products should be returned to the Provincial Vaccine Warehouse or discarded, to ensure the situation is rectified, and obtain approval to order replacement product, if needed.

For information on cold chain maintenance of immunizing agents and biologics, see the Manitoba Health Cold Chain Resources Website at www.gov.mb.ca/health/publichealth/cdc/coldchain.html.

To address any specific questions or concerns, please contact Manitoba Health at 204-788-6737.

**MANITOBA HEALTH
ADVERSE STORAGE CONDITION (ASC) FORM**



CONTACT INFORMATION

Date of Report:	YYYY/MM/DD	Contact Phone #:	() _____ - _____
Reported By:		Facility Name:	
Holding Point (HP) Code:	_____		

ASC DETAILS

ASC Start Date:	YYYY/MM/DD	ASC Start Time:	_____ : _____
ASC End Date:	YYYY/MM/DD	ASC End Time:	_____ : _____
Recorded Duration of ASC:	_____ mins _____ hrs _____ days		

CAUSE OF ASC (Check One):

Electricity Disconnected	<input type="radio"/>	Refrigerator Malfunction	<input type="radio"/>
Flood or Other Emergency	<input type="radio"/>	Temperature Breached in Transit - External	<input type="radio"/>
Power Outage	<input type="radio"/>	Temperature Breached in Transit - Internal	<input type="radio"/>

Cause Description:

TEMPERATURE MONITORING INFORMATION:

Is the Refrigerator's Temperature Monitored?

Yes	<input type="radio"/>	No	<input type="radio"/>
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Frequency of Temperature Monitoring:

Twice Daily on Working Days:	<input type="radio"/>	From Time to Time:	<input type="radio"/>
Daily on Working Days:	<input type="radio"/>	Other (Please Specify):	

Last Logged Date: YYYY/MM/DD **Last Logged Time:** _____ : _____

Last Logged Temperature: _____ °C

Discovery Date: YYYY/MM/DD **Discovery Time:** _____ : _____

Temperature @ Discovery: _____ °C

MAX. Temperature During Interval:	_____ °C	MIN. Temperature During Interval:	_____ °C
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Monitor Type (check one):	Cold Markers	<input type="radio"/>
	Continuous Monitoring - All Conditions	<input type="radio"/>
	Continuous Monitoring - Temperature Only	<input type="radio"/>
	Freeze Temperature Indicator	<input type="radio"/>
	Heat Time and Temperature Indicator	<input type="radio"/>
	Household Mercury Thermometer	<input type="radio"/>
	None	<input type="radio"/>
	Thermometer - Digital MAX/MIN	<input type="radio"/>
	Warm Markers	<input type="radio"/>

