

Provider Temperature Excursion Worksheet

If temperatures are out of range, TAKE IMMEDIATE ACTION!

TEMPERATURE EXCURSIONS AND REPORTABLE TEMPERATURES

Refrigerator – ideal temperature 2°C - 8°C (Aim for 4°C to 5°C)

Reportable:

- >8°C or higher for 60 minutes or more
- <2°C for any period of time
- "X" on KIP Data Logger

Freezer – ideal temperature -50°C to -15°C (Aim for -18°C or less)

Reportable:

- >-15°C or higher for 60 minutes or more
- <-50°C for any period of time
- "X" on KIP Data Logger

The Kansas Immunization Program (KIP) will only consider a documented temperature valid if it is recorded from a certified, calibrated thermometer and only valid recorded temperatures can be reported to Vaccine Manufacturers. If a unit is not functioning properly or is not in proper temperature range **IMMEDIATELY FOLLOW YOUR VACCINE EMERGENCY RESPONSE PLAN AND, IF NEEDED, TRANSPORT VACCINE TO YOUR PREDETERMINED LOCATION** (See Routine Storage and Handling Plan).

NON REPORTABLE TEMPERATURE EXCURSION

If temperatures are out of range but have not yet reached the reportable range, temperature adjustments need to be made. Begin to stabilize temperatures. Secure unit doors and check the power source. If needed, make a slight adjustment to the thermostat. Continue to monitor temperatures every 30 minutes until stable. If the excursion occurs at the end of clinic day, **DO NOT** leave vaccine in the unit. Move your vaccine to another unit that is monitored according to VFC requirements or to your emergency location. Adjusting temperatures prior to the close of a clinic day and leaving vaccines in a unit with temperature out of range could lead to an "avoidable" waste.

If a temperature excursion has been identified, and the storage unit is working properly and is in temperature range

- QUARANTINE THE AFFECTED VACCINE AND DO NOT ADMINISTER ANY AFFECTED VACCINE
- MARK ALL AFFECTED VACCINE "DO NOT USE"
- CONTINUE TO STORE VACCINE UNDER THE CORRECT TEMPERATURE UNTIL VIABILITY IS DETERMINED. DO NOT DISCARD AFFECTED VACCINE, ASSUMING IT HAS BEEN COMPROMISED.
- DOWNLOAD DATA FROM DATA LOGGER
- CONTACT YOUR REGIONAL IMMUNIZATION CONSULTANT OR THE ON-CALL CONSULTANT

Regional Immunization Consultant Contact Information

Northwest - Lorraine Baughman (785) 213-4110 lorraine.baughman@ks.gov

Southwest Dena Rueb (785) 250-3292 dena.rueb@ks.gov

North Central - Jackie Strecker (785) 207-1916 Jackie.Strecker@ks.gov

South Central - Brad Evans (785) 250-7165 brad.evans@ks.gov

Northeast – Becky (785) 213-2972 becky.prall@ks.gov

Southeast - Jayme Lewis (785) 213-6337 jayme.lewis@ks.gov

Consultant On-Call line (785) 296-5592

VFC Fax (785) 559-4226 Attn: _____

Provider Temperature Excursion Worksheet

Clinic Name: _____	Pin: _____	Date: _____
Worksheet prepared by: _____		
Email: _____		Phone: _____
TEMPERATURE INFORMATION		
Date discovered: _____	Time Discovered: _____	
Temperature: _____		
Data Logger: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did data logger display an "X" alarm or out of range temperature <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was back up thermometer used: <input type="checkbox"/> Yes <input type="checkbox"/> No	Brand: _____	
Calibration date on backup thermometer: _____		
Estimated time between when event was discovered and last documented temperature reading: _____		
Min/Max since last documented temperature	Min	Max
STORAGE UNIT		
Type of vaccine storage unit: _____	Refrigerator/Freezer	Pharmaceutical/Household Stand Alone/Combo
Brand: _____		
Describe previous problems with storage unit: _____ _____ _____		
Was temperature adjusted prior to this excursion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Bottles:	<input type="checkbox"/> Present / Added
Describe previous temperature adjustments made to the storage unit: _____ _____ _____		
ACTIONS TAKEN		
Describe actions taken (was vaccine transported, if so to where). Who is monitoring temperatures, how are the temperatures being monitored, data logger, back-up thermometer, other. (Please explain). _____ _____ _____ _____ _____		

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REPORTING

Date, time and KIP staff person the excursion was first reported to:

Date: _____ Time: _____ KIP staff name: _____

Were vaccine manufacturers contacted: _____ Yes _____ No _____

Contact Vaccine Manufacturers, report excursion and **request they fax or email their recommendations**

Manufacturer	Vaccines	Vaccines	Case #	Comments
GlaxoSmithKline (GSK) 877-356-8368 Vaccine.service-center@gsk.com	<input type="checkbox"/> Bexsero <input type="checkbox"/> Boostrix <input type="checkbox"/> Cervarix <input type="checkbox"/> Engerix-B <input type="checkbox"/> Fluarix <input type="checkbox"/> Flulaval <input type="checkbox"/> Havrix <input type="checkbox"/> Hiberix	<input type="checkbox"/> Infanrix <input type="checkbox"/> Kinrix <input type="checkbox"/> Menhibrix <input type="checkbox"/> Menveo <input type="checkbox"/> Pediarix <input type="checkbox"/> Rotarix <input type="checkbox"/> Twinrix		
Merck @ Co, Inc. 877-829-6372	<input type="checkbox"/> Gardasil <input type="checkbox"/> MMR II <input type="checkbox"/> PedvaxHIB <input type="checkbox"/> Pneumovax 23 <input type="checkbox"/> Proquad	<input type="checkbox"/> Recombivax HB <input type="checkbox"/> Rotateq <input type="checkbox"/> Vaqta <input type="checkbox"/> Varivax <input type="checkbox"/> Zostavax		
Pfizer/Wyeth 800-438-1985	<input type="checkbox"/> Prevnar 13	<input type="checkbox"/> Trumemba		
Sanofi Pasteur 800-822-2463	<input type="checkbox"/> ActHib <input type="checkbox"/> Adacel <input type="checkbox"/> Daptacel <input type="checkbox"/> DT <input type="checkbox"/> Fluzone	<input type="checkbox"/> IPOL <input type="checkbox"/> Menactra <input type="checkbox"/> Pentacel <input type="checkbox"/> Quadracel <input type="checkbox"/> Td		

- Direct entry KSWebIZ users: print your current vaccine inventory on KSWebIZ
- Aggregate users: print your current vaccine inventory in KSWebIZ, edit vaccines that are no longer in stock

- **Providers that have a temperature excursion are suspended from vaccine administration and ordering until all requested information is submitted and reviewed. Providers will be notified when they have been released from suspension and when they may begin vaccinating again. If non-viable vaccines were administered, children may need to be revaccinated.**
- **If expiration dates need to be shortened due to excursions, excursion stickers needed to be ordered from the KIP order site and placed on the vials to easily identify vaccines involved in an excursion.**
- **If the excursion is deemed avoidable, providers will be required to replace the publicly-funded non-viable vaccine dose for dose with the same vaccine that is privately purchased as outlined in the VFC Provider Enrollment Agreement.**

PROVIDER NAME _____ PIN _____ DATE _____

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Provider Temperature Excursion Worksheet

Manufacturers recommendations:

Please provide a summary per antigen of manufacturers' recommendations for vaccine viability.

SUMMARY

Please provide a detailed summary of the event (when and how it was discovered, possible or probable cause, steps taken, any temperature adjustments made to the unit).

SUBMIT FORMS - Submit the following to your regional immunization consultant or consultant on-call by email or fax:

- Temperature Excursion Worksheet (pages 2 - 4)
- A copy of the manufacturers' written recommendations
- A copy of downloaded temperature logs
- A copy of back up thermometer calibration certificate
- A print out of current KSWebIZ inventory (direct entry user) or (aggregate user) a copy of vaccines, lot numbers, expiration dates, quantity and funding source of all vaccines exposed
- Storage & Handling Worksheet and Emergency Plan

PROVIDER NAME _____ PIN _____ DATE _____

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