

# Temperature Excursion Worksheet

## IF TEMPERATURES ARE OUT OF RANGE TAKE IMMEDIATE ACTION!

### REPORTABLE TEMPERATURES

REFRIGERATOR – IDEAL TEMPERATURE 2°C THROUGH 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 THROUGH -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 the KIP-supplied digital data logger (DDL). If using a backup thermometer, it must have a current certificate of calibration to be considered valid. **If a unit is not functioning properly or is not in proper temperature range IMMEDIATELY FOLLOW YOUR VACCINE STORAGE AND HANDLING PLAN WITH EMERGENCY RESPONSE PLAN. IF NEEDED, TRANSPORT VACCINE TO YOUR PRE-DETERMINED BACKUP EMERGENCY LOCATION.**

**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 backup 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" vaccine loss.***

**REPORTABLE TEMPERATURE EXCURSION:** If the storage unit is now working properly and is in the appropriate temperature range then take the following actions.

- QUARANTINE THE AFFECTED VACCINE AND MARK "DO NOT USE." DO NOT USE UNTIL APPROVED BY THE KIP
- CONTACT YOUR REGIONAL IMMUNIZATION CONSULTANT OR THE CONSULTANT ON-CALL AT 785-296-5592
- CONTINUE TO STORE VACCINE UNDER THE CORRECT TEMPERATURE UNTIL VIABILITY IS DETERMINED. DO NOT DISCARD AFFECTED VACCINE, ASSUMING IT HAS BEEN COMPROMISED.
- CONTACT THE VACCINE MANUFACTURERS FOR WRITTEN RECOMMENDATIONS ON THE VACCINE VIABILITY
- DOWNLOAD DATA FROM DATA LOGGER (.PDF AND .TXT FILES), OBTAIN MANUAL TEMPERATURE LOGS, AND VACCINE MANUFACTURER RECOMMENDATIONS AND COMPLETE THE TEMPERATURE EXCURSION WORKSHEET.
- SEND ALL INFORMATION TO THE REGIONAL IMMUNIZATION CONSULTANT

### REGIONAL IMMUNIZATION CONSULTANT CONTACT INFORMATION

Northwest - Lorraine Baughman (785) 213-4110 [lorraine.baughman@ks.gov](mailto:lorraine.baughman@ks.gov)

Southwest - Dena Rueb (785) 250-3292 [dena.rueb@ks.gov](mailto:dena.rueb@ks.gov)

South Central – Susan Smith (785) 250-7165 [susan.smith@ks.gov](mailto:susan.smith@ks.gov)

Central and East - Jayme Lewis (785) 213-6337 [jayme.lewis@ks.gov](mailto:jayme.lewis@ks.gov)

Kansas City – Becky (785) 213-2972 [becky.prall@ks.gov](mailto:becky.prall@ks.gov)

Northeast - Jackie Strecker (785) 207-1916 [jackie.strecker@ks.gov](mailto:jackie.strecker@ks.gov)

Consultant On-Call line (785) 296-5592

VFC Program Fax (785) 559-4226 (Be sure to indicate who should receive the fax)

# Temperature Excursion Worksheet

<b>CLINIC INFORMATION</b>		<b>VFC</b>		<b>Date:</b>	
Clinic Name:		<b>Pin:</b>			
Worksheet prepared by:					
Email:			Phone:		
<b>KIP REPORTING:</b> Date, time, and KIP staff person the excursion was first reported to:					
Date:	Time:	KIP staff name:			
Date discovered:			Time Discovered:		
Temperature:					
KIP-Supplied	Yes	No	Did DDL display an "X" alarm or out of range temperature:	Yes	No
DDL:					
Was back up thermometer used:		Yes	No	Brand:	
Calibration date on backup thermometer:					
<b>STORAGE UNIT</b>					
Type of vaccine storage unit:		Refrigerator/Freezer	Pharmaceutical/Household	Stand Alone/Combo	
Brand:					
Was temperature adjusted prior to this excursion:		Yes	No	Water Bottles:	Present / Added
Describe previous temperature adjustments made to the storage unit and/or any previous issues:					
<b>SUMMARY:</b> Provide a detailed summary of the event (when and how it was discovered, possible or probable cause, any temperature adjustments made to the unit, etc.)					
<b>ACTIONS TAKEN:</b> Describe corrective actions taken (was vaccine transported? If so to where? Who is monitoring temperatures? How are the temperatures being monitored? Data logger? Backup thermometer? Other?)					

PROVIDER NAME \_\_\_\_\_ VFC PIN \_\_\_\_\_ DATE \_\_\_\_\_

# Temperature Excursion Worksheet

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

Manufacturer	Vaccines	Vaccines	Case #	Comments
GlaxoSmithKline (GSK) 877-356-8368 <a href="mailto:Vaccine.service-center@gsk.com">Vaccine.service-center@gsk.com</a>	<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		

- **Providers that have a temperature excursion are placed on-hold from vaccine administration and ordering until all requested information is submitted and reviewed. Providers will be notified when they may begin vaccinating and ordering again. If non-viable vaccines were administered, children may need to be revaccinated. The Regional Immunization Consultant will work with the clinic to make this determination.**
- **If expiration dates need to be shortened due to excursions, excursion stickers needed to be ordered from the KIP Online Order Center and placed on the affected vaccines to easily identify vaccines involved in the 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 Program Provider Enrollment Agreement.**

Submit the following to your Regional Immunization Consultant or Consultant On-Call by email or fax:

- Completed Temperature Excursion Worksheet
- A copy of downloaded data from the DDL (.pdf and .txt files)
- A copy of the manual temperature logs
- A copy of the manufacturer's written recommendations
- A copy of back up thermometer calibration certificate (if used)
- 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 (public, 317, State) exposed to out of range temperatures

PROVIDER NAME \_\_\_\_\_ VFC PIN \_\_\_\_\_ DATE \_\_\_\_\_