

Temperature Excursion Worksheet

IF TEMPERATURES ARE OUT OF RANGE, TAKE IMMEDIATE ACTION!

<p>Refrigerator Store between 2°C and 8°C (36°F and 46°F) (Aim for 5°C or 40°F)</p> <p>Reportable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> >8°C or higher for 60 minutes or more <input type="checkbox"/> <2°C for any period of time <input type="checkbox"/> "X" on KIP Data Logger <input type="checkbox"/> Any out of range temperature (above or below recommended range) if open multi dose vials are present 	<p>Freezer Store between -50°C and -15°C (-58°F and +5°F) (Aim for -18°C or -1°F or colder)</p> <p>Reportable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> >-15°C or higher for 60 minutes or more <input type="checkbox"/> <-50°C for any period of time <input type="checkbox"/> "X" on KIP Data Logger 	<p>Ultra-Cold Store between -80°C and -60°C (-112°F and -76°F) Thermal shipper storage between -90°C and -60°C (-130°F and -76°F)</p> <p>Reportable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> >-60°C for any period of time <input type="checkbox"/> <-96°C for any period of time
---	--	---

Vaccines for Children (VFC) providers must use the Kansas Immunization Program (KIP)-supplied digital data loggers for monitoring temperatures of refrigerator and freezer storage units housing publicly-funded vaccine. VFC providers must receive KIP approval before using another temperature monitoring device.

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 (TE): 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" waste.***

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 IMMUNIZATION CONSULTANT OR THE CONSULTANT ON-CALL AT 877-296-0464
- CONTINUE TO STORE VACCINES UNDER IN THE RECOMMENDED TEMPERATURE RANGE UNTIL VIABILITY IS DETERMINED. DO NOT DISCARD AFFECTED VACCINE, ASSUMING IT HAS BEEN COMPROMISED.
- CONTACT THE VACCINE MANUFACTURER FOR WRITTEN RECOMMENDATIONS ON THE VACCINE VIABILITY.
- DOWNLOAD AND SUBMIT KIP SUPPLIED DDL REPORTS (.PDF AND .TXT) AND/OR OTHER TEMPERATURE MONITORING DEVICE DOCUMENTATION AND SEND TO YOUR IMMUNIZATION CONSULTANT OR CONSULTANT ON-CALL.

PROVIDER NAME: _____

PIN: _____ DATE: _____

Temperature Excursion Worksheet

CLINIC INFORMATION		
Facility Name:	Pin Number:	Date:
Worksheet Prepared by:	Email:	Phone:
REPORTING OF TEMPERATURE EXCURSION		
KIP staff member TE was reported to:		Date and time reported:
TE DETAILS		
Date and time discovered:		Temperature and time out or range:
DDL Device used		
<input type="checkbox"/> KIP supplied Did the DDL display an "X" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other		Are water bottles present in unit:
If other DDL was used, describe:		<input type="checkbox"/> Yes
Brand: _____		<input type="checkbox"/> No
Type: _____	Calibration date: _____	<input type="checkbox"/> Not recommended by unit manufacturer
VACCINE STORAGE UNIT INFORMATION		
Brand		
<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Ultra-cold	<input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Household	<input type="checkbox"/> Stand Alone <input type="checkbox"/> Combination Unit
Was the temperature adjusted prior to this excursion: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe temperature adjustments made and/or previous issues with storage unit:		
SUMMARY: Provide a detailed summary of the event. Include how and when the TE was discovered and possible or probable cause.		
ACTIONS TAKEN: Describe actions taken. Was vaccine transported, if so to where. (If vaccine was transported, how are temperatures being monitored.)		

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

MANUFACTURER	VACCINES	CASE #	COMMENTS
COVID-19 VACCINE			
Pfizer-BioNTech 800-438-1985 Option 3	<input type="checkbox"/> Pfizer-BioNTech COVID 19 Vaccine <input type="checkbox"/> Purple Cap <input type="checkbox"/> Grey Cap <input type="checkbox"/> Orange Cap		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Moderna 866-663-3762 Temperature Excursion Tool	<input type="checkbox"/> Moderna COVID-19 Vaccine <input type="checkbox"/> Light Blue Label <input type="checkbox"/> Purple Label		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Janssen (Johnson & Johnson) 800-565-4008 Option 0	<input type="checkbox"/> Janssen COVID-19 Vaccine		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable

PROVIDER NAME: _____

PIN: _____ DATE: _____

Temperature Excursion Worksheet

OTHER VACCINES	VACCINES	CASE #	COMMENTS
AstraZeneca 800-236-9933 Option 1	<input type="checkbox"/> FluMist		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Dynavax Technologies (Medical Information Department) 844-375-4728	<input type="checkbox"/> Heplisav-B		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
GlaxoSmithKline (GSK) (Medical Information Department) 877-356-8368 Vaccine Stability Calculator	<input type="checkbox"/> Bexsero <input type="checkbox"/> Infanrix <input type="checkbox"/> Boostrix <input type="checkbox"/> Kinrix <input type="checkbox"/> Engerix-B <input type="checkbox"/> Menveo <input type="checkbox"/> Fluarix <input type="checkbox"/> Pediarix <input type="checkbox"/> Flulaval <input type="checkbox"/> Rotarix <input type="checkbox"/> Havrix <input type="checkbox"/> Shingrix <input type="checkbox"/> Hiberix <input type="checkbox"/> Twinrix		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Merck @ Co, Inc. 800-672-6372 Option 2	<input type="checkbox"/> Gardasil <input type="checkbox"/> Recombivax HB <input type="checkbox"/> MMR II <input type="checkbox"/> Rotateq <input type="checkbox"/> PedvaxHIB <input type="checkbox"/> Vaqta <input type="checkbox"/> Pneumovax 23 <input type="checkbox"/> Varivax <input type="checkbox"/> Proquad <input type="checkbox"/> Vaxelis <input type="checkbox"/> Zostavax		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Pfizer/Wyeth 800-438-1985 Option 3	<input type="checkbox"/> Prevnar 13 <input type="checkbox"/> Trumemba		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Sanofi Pasteur 800-822-2463	<input type="checkbox"/> ActHib <input type="checkbox"/> IPOL <input type="checkbox"/> Adacel <input type="checkbox"/> Menactra <input type="checkbox"/> Daptacel <input type="checkbox"/> MenQuadfi <input type="checkbox"/> DT <input type="checkbox"/> Pentacel <input type="checkbox"/> Fluzone <input type="checkbox"/> Quadracel <input type="checkbox"/> Td		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable
Seqirus 855-358-8966 Option 1	<input type="checkbox"/> Afluria <input type="checkbox"/> Flud <input type="checkbox"/> Flucelvax		<input type="checkbox"/> Viable <input type="checkbox"/> Non-viable

- **Providers experiencing a temperature excursion will be suspended from vaccine administration and ordering until all requested information is submitted and reviewed. Providers will be notified when they may resume vaccinating and ordering. If non-viable vaccines were administered, patients may need to be revaccinated. Your Immunization Consultant will work with your clinic to make this determination.**
- **Vaccines exposed to out of range temperatures should be labeled with an excursion sticker. Excursion stickers can be ordered from the KIP Order Center.**
- **If expiration dates need to be shortened due to excursions, vaccines should be marked with an excursion sticker and the updated expiration date clearly marked on the box. The vaccine should be removed from inventory when the shortened date has been reached.**

PROVIDER NAME: _____

PIN: _____ DATE: _____

Temperature Excursion Worksheet

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

- Completed Temperature Excursion Worksheet
- An electronic copy of the .pdf and .txt reports from the KIP provided DDL or other DDL data
- A copy of the manual temperature logs
- A copy of the manufacturers' written recommendations
- A copy of calibration certificate for the temperature monitoring device
- A list of all publicly funded vaccines (public, 317, State) and any COVID-19 vaccine exposed to out of range temperatures. The list should include vaccine brand name/vaccine type, lot numbers, expiration dates, and quantity.

VFC 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 – Melody Couper (785-471-0083) melody.couper@ks.gov

South Central – Rachel Sample (785-250-7165) rachel.sample@ks.gov

Northeast – Rene' Havner (785) 289-7410, rene.havner@ks.gov

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

Consultant On-Call line (877) 296-0464, KDHE.IMMConsultant@ks.gov

VFC Fax (785) 559-4226 (Be sure to indicate who the fax needs to be sent to)

ADULT IMMUNIZATION CONSULTANT CONTACT INFORMATION

Tehren Esparza – (785)-471-0091, tehren.esparza@ks.gov

Laura Hageman – (785)-471-0095, laura.hageman@ks.gov

Kelly Hamel – (785) 260-4547, kelly.hamel@ks.gov

Ashley Osborne – (785)-471-0075, ashley.osborne@ks.gov

Gail Pickering – (785) 471-0082, gail.pickering@ks.gov

Consultant On-Call line (877) 296-0464, KDHE.IMMConsultant@ks.gov

VFC Fax (785) 559-4226 (Be sure to indicate who the fax needs to be sent to)

PROVIDER NAME: _____

PIN: _____

DATE: _____