



# Emergency Response Checklist

Use this checklist anytime vaccines are stored outside recommend temperatures.

VFC PIN / USIIS ID

Date Submitted	Date of Incident	Facility Name	
Person Completing Report (Print)		Vaccine Coordinator (Print)	<input type="checkbox"/> Check if new Coordinator
Phone with Area Code	Email Address (Print)		<input type="checkbox"/> Check if new email

**As soon as you are alerted to a temperature out-of-range, follow these steps:**

- Correct situation.** Store vaccines under proper conditions as quickly as possible, per Vaccine Management Plan.  
    Refrigerator: 2-8°C (36-46°F)                      Freezer: -15°C or below (5°F or below)
- Notify staff and VFC.** Immediately contact the primary/backup coordinator and VFC Program at (801) 538-9450.
- Mark vaccine as "Do Not Use."** Label the vaccines that were compromised as "Do Not Use." Keep it in the proper conditioned unit until the original unit is in range and vaccine stability has been verified.
- Complete & Document Exposure Information in Table 1 (below).**
  - Current Info.** Time, current temperature, minimum & maximum temperatures at discovery of excursion.
  - Last Recorded Info.** Last documented in range time and temperature.
  - Current Exposure Time.** The time difference between current and last recorded temperature.
  - Highest/Lowest Temp.** Always use the highest/lowest temperature reached, regardless of length of time.
  - Previous Exposure (Time & Temp).** Include any previous exposure time and temperatures; exposures are cumulative.
  - Total Duration.** Add "Current Exposure Time" and "Previous Exposure Time" together.
  - Worst Case Temp.** The highest/lowest temperature reached from the current or the previous excursion(s).

Table 1.	Time	Temp*	Min Temp*	Max Temp*
Current:				
Last Recorded:			Unit Name:	
Current Exposure Time:			Highest/Lowest Temp:	
Previous Exposure Time:			Previous Exposure Temp:	
Total Duration (Current+Previous Time):			Worst Case Temp:	

\*Always record temperatures from a certified, calibrated thermometer with glycol probe.

**If "Total Duration" exceeds 60 min, "Worst Case [Fridge] Temp" reaches ≥ 15°C (59°F) or ≤ 0°C (32°F), or "Worst Case [Freezer] Temp reaches ≥ -10°C (14°F), continue with steps below:**

- Vaccine Administration.** Were any vaccines administered to patients? (Circle one) Y / N
- Complete Inventory, Vaccine Viability & Manufacturer Info in Table 2 (See Page 2).**
  - Conduct Inventory.** Complete an inventory of all vaccine exposed to temp excursion.
  - Contact Manufacturer.** Call vaccine manufacturers to determine vaccine viability for all products.

Manufacturers	Phone	Manufacturers	Phone
AstraZeneca (MedImmune) <sup>+</sup>	(877)633-4411	Protein Sciences Corp <sup>+</sup>	(800)488-7099
GlaxoSmithKline (GSK)	(866)475-8222	Sanofi Pasteur, Inc	(800)822-2463
Merck & Co, Inc	(800)444-2080	Seqirus <sup>+</sup>	(855)358-8966
Pfizer, Inc	(800)879-3477		

<sup>+</sup> Denotes only influenza vaccine distribution within the US.

- Record.** Document date manufacturers were contacted, manufacturer, staff name and case number(s).
- Results of Manufacturer Inquiry.** Record vaccine viability per manufacturer's determination.
- Update VFC Program.** For VFC Providers, notify your VFC Rep, email vacteam@utah.gov or call (801)538-9450.
- Complete VFC Forms.** Submit an Incident Report and Plan of Action for any temp excursion. If vaccine is spoiled/lost, temp logs and additional items may be required prior to processing any vaccine orders. Vaccine spoiled/lost must be reported on the Return & Transfer Form and shipped to McKesson, where applicable.

*Note: Information may be documented on Vaccine Troubleshooting Record, instead of checklist, and kept with temperature log.*



# Emergency Response Checklist

Table 2. Inventory, Vaccine Viability & Manufacturer Info

VFC PIN / USIIS ID
--------------------

Date of Incident	Facility Name
------------------	---------------

<b>VACCINE INVENTORY &amp; VIABILITY</b>
--

Vaccine	Lot Number	NDC	Expiration Date	# of Doses	# of Opened Vials	Mark one.		Results of Manufacturer Inquiry (spoiled, viable, viable with expiration date change)
						Refrigerator Vaccine	Freezer Vaccine	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

<b>MANUFACTURER CASE INFORMATION</b>
--------------------------------------

	Date Contacted	Manufacturer	Spoke to	Case Number		Date Contacted	Manufacturer	Spoke to	Case Number
1					4				
2					5				
3					6				

# Vaccine Storage Troubleshooting Record

Use this form to document any unacceptable vaccine storage event, including temps outside recommended range, once vaccine has been placed into proper conditions.

Facility Name: \_\_\_\_\_ VFC Pin/USIIS ID: \_\_\_\_\_

Date & Time of Event	Unit Information	Storage Unit Temperature	Person Completing Report
If multiple, related events occur, see Description of Event below.		during out-of-range event.	at the time the problem was discovered.
Date:	Unit Name:	Minimum (lowest) temp: <input type="checkbox"/> C <input type="checkbox"/> F	Name:
Time:	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer	Maximum (highest) temp: <input type="checkbox"/> C <input type="checkbox"/> F	Title: <span style="float: right;">Date:</span>
<b>Description of Event</b> <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i> <ul style="list-style-type: none"> <li>General description (i.e., what happened?)</li> <li>Estimated length of time between event and last documented reading of storage temperature in acceptable range (36° to 46°F [2° to 8°C] for refrigerator; -58° to 5°F [-50° to -15°C] for freezer).</li> <li>Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record).</li> <li>Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?</li> <li>Include any other information you feel might be relevant to understanding the event.</li> </ul>			
<b>Action Taken</b> <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i> <ul style="list-style-type: none"> <li>When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with Utah Immunization Program and/or the manufacturer[s].)</li> <li>Who was contacted regarding the incident? (List all: Supervisor, Utah Immunization Program, manufacturer[s] including Case Number.)</li> <li><b>IMPORTANT:</b> What did you do to prevent a similar problem from occurring in the future?</li> </ul>			
<b>Results</b> <ul style="list-style-type: none"> <li>What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For publicly-purchase vaccine, complete Return/Waste in VOMS for accountability.)</li> </ul>			

**I have reviewed the above documetation and have ensured measures have been taken at our facility to prevent similar vaccine loss in the future.**

Primary Coordinator _____	Signature	_____	Date	Back-up Coordinator _____	Signature	_____	Date
Medical Director _____	Signature	_____	Date				

**Clear Form**