Utah Department of Health & Human Services
Population Health

Emergency Response Checklist

FACILITY ID/USIIS ID

Use this checklist anytime vaccines are stored outside recommended temperatures

Date Submitted	Date of Incident	Facility Name
Person Completing Report (Print)		☐ *Check if new Coordinator*
Phone with Area Code	**Email Address (Print**	☐ *Check if new email*

As soon as you are alerted to out of range temperatures, follow these steps:

- ☐ **Correct the situation. Store vaccines under proper conditions as quickly as possible, per Vaccine Management Plan.** **Refrigerator: 2° C to 8°C (36° to 46°F) Freezer: -15°C or below (5° F or below)**
- ☐ **Notify Staff and VFC Program.** Immediately contact the Primary/Backup Coordinator and VFC Program by phone or email.
- ☐ **Mark vaccines as "Do Not Use."** Label the vaccines that were compromised as "Do Not Use." Keep it in the properly conditioned unit until the original unit is in range and vaccine stability has been verified.
- ☐ **Complete & Document Exposure Information in Table 1 (instructions for table 1 below).**
  - *Temperature Excursion Information Section.* Identify the last in-range temperature before the excursion occurred and the first in-range temperature once the excursion was resolved. Record the date, time and temperature for both.
  - *Excursion Calculation.* The length of time between the 2 in-range temperature recordings above. This is the exposure time. For example, 65 minutes.
  - *Identify the Min/Max Temp.* Identify and record the highest and lowest temperature during the exposure period as Min and Max Temps.
  - *Previous Excursions.* Add previous excursion data to the table. Excursions are cumulative. If no previous excursions, enter zero or leave blank.
  - *Calculate Worst Case Scenario.* This is the total exposure time between all excursions and the lowest/highest temperatures during all excursions.

Table 1.						
Unit Name:						
Current Information Section						
Is vaccine currently stored within recommended temperature range?			☐ **Yes**	☐ ***No****	**Current Temp:**	☐ °C ☐ °F
Was vaccine moved to another unit?			☐ **Yes**	☐ **No**	**Current Temp:**	☐ °C ☐ °F
****If no, activate Vaccine Management Plan immediately.***						
Temperature Excursion Information Section						
In-range Temperature Recorded before Out-of-Range Temperature Excursion						
Date:	**Time:**	☐ **AM**	☐ **PM**	**Recorded Temp:**	☐ °C ☐ °F	
In-range Temperature Recorded after Out-of-Range Temperature Excursion						
Date:	**Time:**	☐ **AM**	☐ **PM**	**Recorded Temp:**	☐ °C ☐ °F	
Excursion Calculation Information Section						
Calculate the time between before & after stated above.				**Identify the Min/Max Temp during the temperature excursion.**		
Current Exposure Time:	**Hours**	**Minutes**		**Min Temp*:**	☐ °C ☐ °F	**Max Temp*:** ☐ °C ☐ °F
Previous Excursion Information Section						
Enter previous exposure data.†						
Previous Exposure Date:						
Previous Exposure Time:	**Hours**	**Minutes**		**Min Temp*:**	☐ °C ☐ °F	**Max Temp*** ☐ °C ☐ °F
†If no previous excursion, skip section or enter zero.						
Worst Case Scenario						
Add Current and Previous Exposure Time.				**Identify the Min/Max Temp during all temperature excursion.**		
Total Exposure Time:	**Hours**	**Minutes**		**Min Temp*:**	☐ °C ☐ °F	**Max Temp*** ☐ °C ☐ °F

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

- ☐ **Vaccine Administration**. Were any vaccines administered to patients? (Select One) ☐ **Y** ☐ **N**
- ☐ **Conduct Inventory.** Conduct and list all vaccine(s) exposed to out-of-range temps in Table 2 (see Page 2).
- ☐ **Contact Manufacturer.** Call vaccine manufacturers and/or visit manufacturer(s) websites to determine vaccine viability for all vaccine products exposed to out-of-range temperatures.

Manufacturers	Phone	Manufacturers	Phone
AstraZeneca (MedImmune)	(877) 633-4411	Novavax	(844) 668-2829
GlaxoSmithKline (GSK) *	(866) 475-8222	Pfizer, Inc*	(800) 879-3477
Merck & Co, Inc*	(800) 444-2080	Sanofi Pasteur, Inc.*	(800) 822-2463
Moderna	(866) 663-3762	Seqirus	(855) 358-8966

Hyperlinks provided for websites available. Not all manufacturers have excursion calculator tools on their websites.

- ☐ **Results of Manufacturer Inquiry.** Record vaccine viability per manufacturer's determination.
- ☐ **Record.** Document date manufacturers were contacted, manufacturer, staff name and case number(s).
- ☐ **Complete Emergency Response Form.** Submit an Incident Report and Plan of Action for any temp excursion. If the vaccine is spoiled/lost, temp logs and additional items may be required prior to processing any vaccine orders**. Vaccine spoiled/lost must be reported in VOMS and a Return or Waste request created and the vaccine Shipped to McKesson, where applicable.**
- ☐ **Email Immunization Program.** Email Checklist and Emergency Response Form to the Vaccine Management Team at vacteam@utah.gov and VFC Representative, as applicable.

Note: When using a vaccine manufacturer's excursion calculator tool to determine vaccine viability, all results must be included with final excursion submission. Information should be documented on the Emergency Checklist, Vaccine Troubleshooting Record or Incident Report and kept with the temperature log. Provide anytime temperature logs are submitted to avoid delays.

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Emergency Response Checklist - Inventory

Table 2. Inventory, Vaccine Viability & Manufacturer Info

Facility ID/ USIIS ID

Date of Incident	Facility Name

VACCINE INVENTORY & VIABILITY

Vaccine	Lot Number	NDC	Expiration Date	# of Doses	# of Opened Vials	Mark one: Refrigerator Vaccine	Mark one: Freezer Vaccine	Mark one: ULT Frozen Vaccine	Mark one: Other	Results of Manufacturer Inquiry *(spoiled, viable, viable with expiration date change)*
						☐	☐	☐	☐	
						☐	☐	☐	☐	
						☐	☐	☐	☐	
						☐	☐	☐	☐	
						☐	☐	☐	☐	
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						☐	☐	☐	☐	
						☐	☐	☐	☐	
						☐	☐	☐	☐	

MANUFACTURER ONLINE EXCURSION TOOL CALCULATOR/TELEPHONE MANUFACTURER

If by manufacturer online excursion tool, include case number and all information provided by the manufacturer's online excursion calculator tool. If by phone, include manufacturer representative name and case number and all information provided. Note: not all manufacturers have excursion calculator tools on their websites.

	Date Contacted	Manufacturer	Manufacturer Contact		Case Number
1			☐ Online Form	☐ Phone Representative name	
2			☐ Online Form	☐ Phone Representative name	
3			☐ Online Form	☐ Phone Representative name	

	Date Contacted	Manufacturer	Manufacturer Contact		Case Number
4			☐ Online Form	☐ Phone Representative name	
5			☐ Online Form	☐ Phone Representative name	
6			☐ Online Form	☐ Phone Representative name	

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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: _____ **Facility ID/USIIS ID:** _____

Date & Time of Event If multiple, related events occur, see Description of Event below.	**Unit Information**	**Storage Unit Temperature** during an out-of-range event.	**Person Completing Report** at the time the problem was discovered.
Date:	Unit Name:	Minimum (lowest) temp: ☐ °C ☐ °F	Name:
Time:	☐ Refrigerator ☐ Freezer	Maximum (highest) temp: ☐ °C ☐ °F	Title: Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*

- General description (i.e., what happened?)
- 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).
- 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).
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*

- 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 the Utah Immunization Program and/or the manufacturer[s].)
- Who was contacted regarding the incident? (List all: Supervisor, Utah Immunization Program, manufacturer[s] including Case Number.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? Enter the Return/Waste Authorization number from VOMS for reference and include the Manufactures case numbers and/or information provided from the Manufacturer's online excursion calculator tools. *Not all manufacturers have excursion tools available on their websites.*
- (Note: For publicly-purchase vaccines, complete Return/Waste in VOMS for accountability *i.e.: Return ID 11991/ Waste ID 59499.*)

I have reviewed the above documentation 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