Temperature Excursion Response Worksheet

Please complete as many pages as necessary to report all affected vaccines per incident.

SSV PIN: _____ Practice Name: _____

Contact Name: _____ Phone: _____

Reporting a Temperature Excursion

1. Store the vaccines at appropriate temperatures. Make sure the refrigerator/freezer is working properly or move the vaccines to a unit that is.
2. Do not discard the affected vaccines. Separate or mark the vaccines so that the potentially compromised vaccines can be easily identified.
3. Print an *Inventory Report* from OSMOSSIS to have a record of the vaccines in the refrigerator/freezer during the event.
4. Email completed *Temperature Excursion Response Worksheet t*o your Immunization Rep (IR). Your IR will contact the manufacturers to determine status of the affected vaccines. Your IR will contact you with the status of the vaccines once manufacturer guidance is reviewed.

Do you currently use a state-supplied Lascar Data Logger? Select If No, please enter type of logger used:

Is the data logger probe currently in the center of the storage unit? Probe 1 (Fridge) Select Probe 2 (Freezer) Select

Prior to this event, was the vaccine exposed to temperatures outside the recommended range? Select If Yes, enter dates:

At the time of the event were water bottles in the refrigerator? Select Ice packs in the freezer? Select

Air temperature of room where affected storage unit is located:

Vaccines Stored in Refrigerator (Appropriate temp. range: 36º to 46ºF or 2º to 8ºC) **RIDOH USE ONLY**

Vaccine	Manufacturer	NDC #	Lot #	Expiration Date	# of Doses	Mfg. Case Number	Meets Guidance?

Vaccines Stored in Freezer (Appropriate temp. range: -58º to 5ºF or -50º to -15ºC) **RIDOH USE ONLY**

Vaccine	Manufacturer	NDC #	Lot #	Expiration Date	# of Doses	Mfg. Case Number	Meets Guidance?

Note: Practices must use a continuous monitoring **data logger thermometer** to track refrigerator and freezer temperatures over time. Practices must **visually** check storage unit(s) twice daily as part of the agreement to participate in the SSV program. Practices must check cloud data at least once every 24 hours (once per day).

If you have any questions, please contact your IR (contact info located on your SSV Practice Menu screen in OSMOSSIS). By providing your name and electronic signature below you confirm that all data entered on this form is accurate and that upon notification from RIDOH you will follow any additional recommended guidance and procedures.

IMPORTANT: Due to the potential of financial responsibility of the practice for vaccine loss, signature below must be that of the Medical Director or Lead Vaccine Provider on file with RIDOH for the practice's participation in the SSV Program.

LVP Name: _____ Signature: _____ Date: _____

RIDOH USE ONLY

The information below is to be recorded by the RIDOH ITR assigned to this excursion. The data will be captured from the Lascar cloud-based data logger or logger documentation uploaded with the order for providers not utilizing Lascar loggers.

Refrigerator temperature: current_____ max._____ min._____ Date of Excursion:

Freezer temperature: current_____ max._____ min._____ Start Time of Excursion:

Estimated time temperature was outside acceptable range: Refrigerator: hrs _____ min ____ Freezer: hrs _____ min ____

Temperature Excursion Practice Narrative (choose one) ◉ Refrigerator ○ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	**Storage Unit Temperature** at the time the problem was discovered		**Room Temperature** at the time the problem was discovered	**Person Completing Report**	
Start Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	SSV Pin:	Title:	Date:

Description of Event

- General description of what happened
- Identify the storage unit involved in the event and the type of Data Logger (make, model, and calibration date) that was in the unit to monitor the temperatures. If RIDOH supplied logger in use just state "RIDOH LOGGER".
- Inventory of affected vaccines, must be identified on page 1 of this report
- Include any other information you feel might be relevant to understanding the event.
- Was the practice's vaccine emergency preparedness plan used for response to this event?
- If multiple, related events occurred, list each date, time, and length of time out of storage.

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 your IR at RIDOH and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, medical director, RIDOH, manufacturer—list all.)
- IMPORTANT: What steps did you put in place to prevent a similar problem from occurring in the future?

Results (To be completed by RIDOH IR only)

- Is the vaccine still viable? If NO, have provider enter vaccines into OSMOSSIS as Returns.