

## Out-of-Range Temperature Incidents

Report **ALL** out-of-range temperature incidents

**IMPORTANT:** Any period for which there is **no temperature data**

is considered an out-of-range temperature incident and these steps **MUST BE FOLLOWED**



An *out-of-range temperature incident*, also called a *temperature excursion* is any temperature outside the recommended range for a vaccine or a complete lack of temperature monitoring/data. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

### OUT-OF-RANGE TEMPERATURE:

- When your digital data logger (DDL) alarms/ the display shows an “X” next to the temperature
- When the **refrigerator** thermometer indicates the temperature is **below 36° or above 46° Fahrenheit**
- When the **freezer** temperature is **above 5° Fahrenheit**

### NO TEMPERATURE DATA:

- If it is discovered that a data logger is turned off, or is not recording for any reason, **immediately** restart data logger and follow all steps below.

### WHAT TO DO (All steps are *required*):

1. **Isolate** the vaccines and **DO NOT USE** until you receive guidance from the VFC Program.
2. **Label** the vaccines “DO NOT USE” until you have received authorization from the VFC Program.
3. **Immediately** restart the data logger if it is found not to be recording for any reason.
4. **Upload the data logger files** from all affected units into NMSIIS
5. **Contact** your VFC Regional Immunization Coordinator. If you cannot reach your Regional Immunization Coordinator (contact info. on Temp. Log), leave a message then notify the VFC Health Educator at 505-827-2415.
6. Begin **stabilizing temperatures** in the refrigerator or freezer by slightly turning the thermostat knob. Monitor for 30 minutes; check and record temperature every five minutes until stable. Aim for 40° F in the refrigerator and below 0° F in the freezer.
7. If unable to stabilize temperatures implement your **Emergency Vaccine Management Plan** and **move** the vaccines to a **VFC-approved unit** with in-range temperatures. **NOTE: If vaccines are moved, a completed Vaccine Transport Report is REQUIRED**
8. **Complete** the NM VFC Troubleshooting Record (TSR).
9. **Contact** the vaccine manufacturers. Every temperature excursion requires contacting the manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
  - a. The company may ask to speak to a healthcare professional (i.e., medical assistant, nurse, or pharmacist; not a receptionist, or bookkeeper)
  - b. What was the maximum **and/or** minimum out-of-range temperature? (both must be reported)
  - c. What are the names of the vaccines made by this manufacturer that were affected?
  - d. Have these vaccines been exposed to priorexursions?
  - e. Are the products currently stored under recommended temperatures?
  - f. Have any doses of the affected vaccines been administered since the temperature excursion occurred?
10. **EMAIL** the completed TSR to your Regional Immunization Coordinator and to VFC/Santa Fe: [VFC.Health-Educator@state.nm.us](mailto:VFC.Health-Educator@state.nm.us). In the subject line of the email you should include your PIN # and “TSR”
11. **Wait for advice and further instruction from the NM VFC Program.** Keep the vaccines stored properly but isolated and marked “DO NOT USE”. Do not administer, return, or discard any vaccines unless you are instructed to do so by the VFC Program. If necessary, you will complete a vaccine return in NMSIIS.

Printing this form to complete it is **not** recommended.

Click on “Enable Editing” then use the **Tab** key to move between fields and enter your typed information.

Do not print form to complete; click on "Enable Editing" then use the **Tab** key to move between fields and enter your information.



# NM VFC Troubleshooting Record



**Follow all steps listed under "What To Do" on previous page to ensure the safety of all vaccines. Incomplete Troubleshooting Records will be rejected.**

**DO NOT administer, discard, or return any vaccines until instructed to do so by the NM VFC Program.**

Date Submitted:

## Provider Information

VFC Site Name: VFC PIN#:

TSR prepared by: Email address:

Site's Primary Vaccine Coordinator:

## Event Details (ALL ARE REQUIRED)

Date or date range of event:

Time or timespan of event:

**Description and cause:** provide a **detailed** description of the incident, **including the cause** (door left ajar, power outage, etc.):

<i>Refrigerator</i> Storage unit name (Required)	<i>Freezer</i> Storage unit name (Required)
Event involved refrigerator (check one): <input type="checkbox"/> yes <input type="checkbox"/> no	Event involved freezer (check one): <input type="checkbox"/> yes <input type="checkbox"/> no
*Temp:	*Temp:
*Min. Temp:	*Min. Temp:
*Max. Temp:	*Max. Temp:
*No Temperature Data recorded <input type="checkbox"/>	*No Temperature Data recorded <input type="checkbox"/>

\*From data logger files

1. Complete the second page of the *Troubleshooting Record*
2. Obtain and *attach written advice* from all manufacturers
3. Locate the .pdf version of the temperature log/s from data logger/s involved in the event
4. Email this document, the manufacturer's **WRITTEN advice**, and your temp logs to [VFC.Health-educator@state.nm.us](mailto:VFC.Health-educator@state.nm.us) AND to your Regional Immunization Coordinator

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### VFC Staff Only:

VTrck's Return ID: Date Return uploaded: By:

# NM VFC Troubleshooting Record

Please print and attach your on-hand inventory from NMIIS

GlaxoSmithKline 866-475-8222

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Bexsero			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Boostrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Engerix-B			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Flulaval			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Havrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Infanrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Kinrix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Menveo			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pediarix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Rotarix			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Pfizer 800-358-7443

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Prevnar 13			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Trumenba			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Seqirus 855-358-8966

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Flucelvax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Sanofi Pasteur 800-822-2463

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
ActHIB			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Daptacel			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Fluzone Syringe			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MDV IPOL (opened) <b>DO NOT RETURN</b>			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MDV IPOL (unopened)			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Menactra			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pentacel			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Tenivac			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Merck 800-672-6372

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Gardasil9			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MMR-II			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pneumovax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
PedvaxHIB			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
ProQuad			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Recombivax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
RotaTeq			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Vaqta			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Varivax			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Grifols 888-474-3657

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
Td Vaccine			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

AstraZeneca 800-236-9933

Manufacturer Representative:		Date/Time:	Case #
Vaccine Name	# of Doses	Advice Given	Manufacturer's response**
FluMist			<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

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