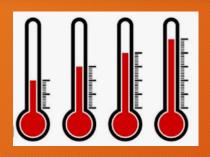
WHAT CONSTITUTES AN EXCURSION



A TRUE EXCURSION IS WHEN THE UNIT'S TEMPERATURE ACTUALLY REACHES TEMPERATURES ABOVE OR BELOW THE FOLLOWING RANGES:



CELSIUS

REFRIGERATOR = ABOVE 8° & BELOW 2° FREEZER = ABOVE -15° & BELOW -50°



FARENHEIT

REFRIGERATOR = ABOVE 46° & BELOW 36° FREEZER = ABOVE 5° & BELOW -58°

TEMPERATURE EXCURSION PROCESS & PROCEDURES

- DATA LOGGERS ARE PROGRAMMED TO NOTIFY PROVIDERS THAT THE UNIT'S INTERNAL TEMPERATURE IS GETTING CLOSE TO THE EXCURSION TEMPERATURE.
- IF THE DATA LOGGER ALARMS AND IS IMMEDIATELY ADDRESSED BY STAFF BEFORE REACHING THE OUT-OF-RANGE TEMPERATURE BY THE FOLLOWING:
- CLOSING THE DOOR OF UNIT IF ACCIDENTALLY LEFT OPEN.
- MOVING VACCINES IMMEDIATELY INTO A BACK UP UNIT DUE TO POWER OUTAGE OR UNIT MALFUNCTION.
- IF EITHER OF THESE SITUATIONS OCCUR YOU DO NOT NEED TO CONTACT YOUR R.E.
- COMPLETE A VSTR AND WRITE IN THE "DESCRIPTION OF EVENT" A GENERAL DESCRIPTION OF EVENT AND ACTION THAT TOOK PLACE: CLOSED UNIT DOOR, MOVED VACCINES, ETC...
- PLACE REPORT IN YOUR TVFC/BINDER IN THE MONTH OF OCCURRENCE.

TRUE EXCURSION PROCESS:

- UNIT EXPERIENCES ACTUAL OUT OF RANGE TEMPERATURE FROM POWER OUTAGE AND/OR UNIT MALFUNCTION, ETC...:
- VACCINES MUST IMMEDIATELY BE QUARANTINED.
- DATALOGGER DOWNLOADED.
- VSTR (THIRD PAGE OF THE TEMP LOGS WHEN PRINTED OUT) "DESCRIPTION OF EVENT" AND "ACTION TAKEN" FILLED IN.
- CONTACT ALL THE MANUFACTURERS OF THE VACCINES INVOLVED IN EXCURSION, MAKE SURE YOU HAVE THE FILLED IN VSTR & DATA LOGGER DOWNLOAD IN FRONT OF YOU TO PROVIDE NECESSARY INFORMATION FOR VIABILITY DETERMINATION.
- FROM EACH OF THE MANUFACTURERS ASK FOR A CASE# ALONG WITH THE VACCINE VIABILITY DETERMINATION.
- IN THE "RESULTS" SECTION OF THE VTRS YOU WILL WRITE MANUFACTURER'S NAME, NAMES OF VACCINES INVOLVED, CASE# AND WHETHER THEVACCINES WERE DETERMINED VIABLE OR NON-VIABLE.
- FOR NON-VIABLE VACCINES IMMEDIATELY BAG THEM UP AND MOVE OUT OF UNIT.
- IMMEDIATELY WASTE VACCINES OUT OF VAOS.
- EMAIL VSTR AND PHYSICIAN SIGNED LOSS REPORT TOGETHER TO R.E. PLEASE DO NOT INCLUDE ANY OTHER DOCUMENTATION WITH THESE DOCUMENTS.

VSTR - VACCINE STORAGE TROUBLESHOOTING REPORT

THE VACCINE STORAGE
TROUBLESHOOTING RECORD MUST
BE COMPLETED FOR ALL
TEMPERATURE EXURSIONS THAT
OCCUR WITH ONLY UNITS THAT
HOLD VFC/ASN VACCINE.

EMAIL COMPLETED FORM WITH THE SIGNED OFF WASTED REPORT TO YOUR R.E.

Vaccine Storage Troubleshooting Record (check one) □Refrigerator □ Free

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.

	Storage Unit Temperature at the time the problem was discovered		Room Temperature at the time the problem was discovered	Person Completing Report	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	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 (35° 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.)
- . At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and / or frozen coolant packs in the freezer?
- 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.

IN THIS SECTION BE DESCRIPTIVE IN EXPLAINING WHAT OCCURED, HAD THE UNIT BEEN EXPERIENCING ISSUES, WHAT INVENTORY WAS AFFECTED VFC, ASN OR BOTH, DID THE UNIT HAVE PROPERLY STORED WATER BOTTLES, LAST TIME UNIT'S TEMPERATURE WAS TAKEN. INCLUDE ANY INFORMATION YOU MIGHT FIND RELEVANT.

EMAIL YOUR R.E. FOR ALL EXCURSIONS THAT TAKE PLACE AND EMAIL THIS COMPLETED FORM ALONG WITH SIGNED WASTED REPORT IF ANY.

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 state / local health department and / or the manufacturer[s].)
- · Who was contacted regarding the incident? (For example, supervisor, state / local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

IN THIS SECTION DETAIL ACTION TAKEN - WERE VACCINES MOVED INTO ANOTHER TEMPERATURE MONITORED UNIT LOCATED ON SITE, OR DID VACCINES HAVE TO BE MOVED OFF SITE.

CONTACT MANUFACTURER FOR ALL VACCINES AFFECTED BY THE EXCURSION OR POWER OUTAGE - WHEN SPEAKING WITH THE MANUFACTURER'S REP. ASK THE FOR A CASE #.

Results

• What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state / local health department instructions for vaccine disposition.)

IN THIS SECTION YOU WILL PUT THE FOLLOWING - MANUFACTURER; S NAME, CASE #, VACCINE NAMES AND QUANTITIES, AND THE MANUFACTURER'S VACCINE VIABILITY DETERMINATION.

EXAMPLE: MERCK CASE#_____, IPV, VAXELIS, GARDASIL, MMR, ETC - VACCINES DETEREMINED VIABLE OR NOT VIABLE

TEXAS
Health and Human Services

Texas Department of State Health Services