

TEMPERATURE EXCURSION INCIDENT REPORT Wisconsin Vaccines for Children Program (VFC)

In the event of a temperature excursion, email this completed form and the manufacturer's determination report to VFC@WI.GOV. Make copies for your files because this report, the manufacturer determination report, and relevant temperature logs must be readily available if requested by the VFC Program.

VFC Provider Site	VFC PIN
Name of Person reporting incident	
Telephone Number	Email
Date of Occurrence	Time of Occurrence

IMMEDIATE ACTION TAKEN

1. Was the physician in-charge, vaccine coordinator, or the back-up vaccine coordinator notified when the excursion occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What was the temperature inside the affected storage unit(s) at the time the problem was discovered? Include both minimum and maximum temperature. <small>*Please note that any temperature reading outside the recommended ranges: Refrigerator – between 36°F [2°C] and 46°F [8°C] and Freezer – between -58°F [-50°C] and +5°F [-15°C] are considered a temperature excursion.</small>	Minimum Maximum
3. How long were the vaccines exposed to inappropriate storage temperatures? Record the total amount of time outside of range.	
4. What was the room temperature surrounding the affected unit at the time of the excursion?	
5. Were there water bottles in the refrigerator, and frozen coolant packs in the freezer at the time of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was inventory of the vaccines within the affected storage unit done?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Were the vaccines in the affected storage unit quarantined within a working unit and labeled "DO NOT USE" pending manufacturers' input? <small>*If your vaccine storage unit(s) cannot be reset to maintain the appropriate storage conditions, follow your clinic's Emergency Plan as described within the VFC Vaccine Management Plan.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the vaccine manufacturer been contacted for further guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do not discard vaccines unless directed by the VFC program.

BASED ON MANUFACTURER'S RESPONSE: (CHECK ONLY ONE) *Attach copies of any documents from the manufacturer to this report.

- Quality of VFC vaccines have not been compromised and may continue to be used. **[STOP HERE]**
- Any VFC vaccines that are not approved for further use and should be identified as "spoiled." **[CONTINUE TO NEXT]**
***Refer to VFC guidelines for spoiled vaccines.**

SIGNATURE – Person completing report	Print Name	Date Signed
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If vaccine has been administered before the excursion was identified, and vaccine was identified as non-viable (spoiled), email VFC@WI.GOV for further guidance.

DETAILS OF TEMPERATURE EXCURSION**List the type and brand name of storage units affected:**

- | | |
|---|--|
| <input type="checkbox"/> small stand-alone refrigerator | <input type="checkbox"/> small house refrigerator |
| <input type="checkbox"/> stand-alone refrigerator | <input type="checkbox"/> regular house refrigerator |
| <input type="checkbox"/> stand-alone freezer | <input type="checkbox"/> large house refrigerator |
| <input type="checkbox"/> small-chest freezer | <input type="checkbox"/> commercial unit (combined refrigerator & freezer units) |
| <input type="checkbox"/> regular chest freezer | <input type="checkbox"/> commercial unit (single refrigerator/freezer unit) |

Storage Unit Brand Name	Model/Serial No.
Thermometer Brand Name	Model/Serial No.

Probable cause(s) for the temperature excursion

- Power Outage/Unit(s) not plugged in or not turned on
- Prolonged opening of refrigerator/freezer door
- Temperature Monitoring device moved/misplaced
- Unit's temperature control knob setting is incorrect
- Poor air circulation inside and outside the unit(s)
- Operational problems with the storage unit(s)
- Other:

Description of problem and actions taken to resolve:

Please complete the Request for Authorization to Return Vaccine, on the following page. Include only vaccines related to the temperature excursion, use the number 8 for the return code.

VTRCKS RETURN ID

VACCINE RETURN – REQUEST FOR AUTHORIZATION TO RETURN

GRANTEE: WISCONSIN

Date	No. of shipping boxes to be returned										
Pin Number(Provider PIN number can be found on a McKesson's Packing List, starts with "WIA")											
Provider Name											
Address											
Telephone No.	Fax No.										
Contact Person - Name	Email Address of Contact Person (required)										
Return Reason Codes: Indicate in the Return Code box, on each line <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1 – Expired</td> <td style="width:50%;">5 – Failure to store properly upon receipt</td> </tr> <tr> <td>2 – Natural Disaster</td> <td>6 – Vaccine spoiled in transit</td> </tr> <tr> <td>3 – Refrigerator temperature too warm</td> <td>7 – Mechanical failure</td> </tr> <tr> <td>4 – Refrigerator temperature too cold</td> <td>8 – Spoiled</td> </tr> <tr> <td></td> <td>9 – Other _____</td> </tr> </table>		1 – Expired	5 – Failure to store properly upon receipt	2 – Natural Disaster	6 – Vaccine spoiled in transit	3 – Refrigerator temperature too warm	7 – Mechanical failure	4 – Refrigerator temperature too cold	8 – Spoiled		9 – Other _____
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4 – Refrigerator temperature too cold	8 – Spoiled										
	9 – Other _____										
Explanation of 2 thru 9 if applicable:											

***Required Vaccine Information - You must use the NDC No. from the BOX, not the VIAL.**

Return Code	*NDC No.	Vaccine	No. Doses	Manufacturer	Lot No.	Exp. Date

1. Return only state supplied vaccines to McKesson. You are responsible for the disposal of your private stock.
2. Partial vials are not returnable.
3. Fax a copy of this form to the Wisconsin Immunization Program at (608) 267-9493.
4. The VTRCKS Return ID Number will be emailed to you; after all required information is entered into our system.
 Remember, you cannot add or remove any vaccine to a finalized return.
5. Wait to receive a McKesson envelope containing a return shipping label.
6. Keep a copy of this form for your files.

HOW TO RETURN STATE-SUPPLIED VACCINE

- All state-supplied vaccine that is expired or spoiled must be returned to McKesson, this includes influenza vaccine.
- Remove expired/spoiled vaccine from the refrigerator unit and label “**Do Not Use.**”
- Do not include vaccine that is wasted. Wasted vaccine is a vaccine that is in a multi-dose vial with doses removed, a broken vial, or a dose that was drawn and not used. Do **NOT** return these vaccines to McKesson, these vaccines should be properly disposed of and reported via the “wastage form” which is in the Resource Guide.
- Complete the Vaccine Return – Request for Authorization. **It is critical that all information provided on this form is accurate, especially the information pertaining to the vaccine NDC number of doses. The NDC number is located on the box, not the vial.** Fax the completed form to the Immunization Program at (608) 267-9493. Do not fax the same request more than once, this may result in multiple processing times and will cause the Immunization Program and McKesson unnecessary work.
- When the Vaccine Return– Request for Authorization is faxed to the Immunization Program, it will be
 - 1) entered into the VTrcks system (*Note, this could take approximately two to three weeks*),
 - 2) assigned a VTrcks Return ID number, and
 - 3) the return authorization number will be emailed to the contact email address listed on the form.
- When you receive, the *VTRCKS RETURN ID NUMBER*, write that number on your copy of the Vaccine Return – Request for Authorization. Put a copy of the completed form inside the shipping container/box with the vaccine. **NOTE: DO NOT add OR remove vaccine or doses from this return container/box.** If the vaccine or dose amounts do not match exactly what is listed on the Vaccine Return – Request for Authorization, McKesson will refuse the return and it will be returned to you.
- A return shipping label will be provided. If your contact information is up-to-date in the Wisconsin Immunization Registry, we will be able to request your label via email. If the contact information does not match, you will receive your return label via mail, from McKesson.
- No ice packs are required (non-viable vaccine).
- Do not contact UPS directly or you can incur a non-refundable pickup fee.
- If you have questions, please contact Ashley Meyer via email Ashley.Meyer@dhs.wisconsin.gov or call (608) 266-2346.