Month/Year:					VFC PIN (				N #: Primary VFC Coordinator:											
Backup VFC Coordinator:							Phone: Fric							ridge	Sta	nd-Al	one_		Combo:	
	Ç.								RATURE LO		•		-							
ï	Se		•••••							weekly (or if alarm triggered), re					KEY TO STAFF INITIALS					
For all checks, write <b>exact</b> temper AM Check: 1. Write initials, exact time and															Initials Full Name					
2. Write min/max. Ensure it is on the check: 1. Write initials, exact time and									eset daily (If app	licab										
<u>!</u>	PM Ch	<u>eck:</u> 1. V	√rit						temperature. As calibration and c					-						
	CIRCL	E any ou	t of						k of page for exc				NOTIFY LH	D.						
••							7									41.0	o F	\		
Required Refrigerator  Day Int. Time Current Min Max						In range? Comments/			Day Int. Time			Current	Min	Ain Max In range? Comme				Comments/		
,						''''	(36.0- YES	46.0)									(36.0- YES	46.0)	Calibration*	
EX>	M.L.	8:07	AM	39.4	38.2	46.4		Х	Called Health Dept.	16		AN	1							
	F.B.	4:11	РМ	40.6			<b>~</b>		& Manuf.			PN	1							
1			AM							17		AN	1							
			РМ									PN	1							
2			AM							18		AN	1							
			РМ									PN	1							
3			AM							19		AN	1							
			РМ									PN	1							
4			AM							20		AN	1							
			PM									PN	1							
5			AM							21		AN	1							
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7			AM							23		AN	1		П					
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9			AM				Н			25		AN	1					$\dashv$		
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10			AM				Н			26		AN	1					$\dashv$		
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11			AM				Н			27		AN	1					$\dashv$		
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13			AM				Н			29		AN	1					$\dashv$		
			PM				Н	_				PN	1					$\dashv$		
14			AM					_		30		AN	1					$\dashv$		
			PM				Н	_				PN	1					$\dashv$		
15			AM					_		31		AN	1					$\dashv$		
			PM				Н					PN	1					$\dashv$		

# \*\*RESPONDING TO OUT OF RANGE TEMPERATURES\*\*

If alarm sounds, data logger blinks red to indicate excursion, or any temperature checked is out of range (including min or max):

Providers must assess excursions and contact the manufacturer before using vaccine that has been exposed to out-of-range temperatures. Provide all follow-up to the Local health Department (LHD) for VFC vaccine. Do not use vaccine until guidance is provided. Follow these steps immediately:

## **IDENTIFY & NOTIFY**

- 1. Stop vaccination from the unit in question or with the vaccine in question.
- 2. Implement immediate correctional action if able (shut door if left open, resupply power, etc.).
- 3. Place exposed vaccine in a separate paper bag within the unit and label "DO NOT USE." Do not discard these vaccines.
- 4. Notify your clinic's Primary VFC Vaccine Coordinator and/or supervisor.

#### DOWNLOAD AND EVALUATE DETAILS OF EVENT

- 5. Download and review all data. If multiple excursions have occurred, manufacturers will utilize the cumulative exposure time/temperatures.
- 6. Document all details as investigation occurs. Utilize MDHHS Emergency Response Plan.
- 7. If unit is not stabilizing, implement your Emergency Response plan for transport to backup location/unit. Utilize CDC Packing for Emergency Transport. Always transport with a data logger.

# CONTACT MANUFACTURERS AND LOCAL HEALTH DEPARTMENT

GlaxoSmithKline: 1-888-825-5249 or

- 8. Contact all applicable vaccine manufacturers for decision on vaccine stability. They will request information on the excursion temperatures/time/vaccines involved, etc. Contact info is located below, as well as on the Emergency Response Plan.
- 9. Contact your VFC contact at the LHD and provide all documentation, including manufacturer stability reports. Do not use vaccine until guidance is provided by the LHD. If loss is incurred, review MDHHS VFC Loss Policy at <a href="https://www.michigan.gov/vfc">www.michigan.gov/vfc</a>.

### **MANUFACTURER CONTACTS**

Dynavax: 1-844-375-4728 Merck: 1-800-672-6372

www.gskusmedicalaffairs.com Sanofi Pasteur: 1-800-822-2463

Pfizer: 1-800-438-1985

Medimmune: 1-877-633-4411 Segirus: 1-855-358-8966