# Steps to follow in response to a Potentially Compromised (PC) Temperature Sensitive Medical Product (TSMP)* Event

## Step 1. Activate Site/Clinic Emergency Response Plan:

a. Do not leave vaccine(s)/TSMP in non-functioning storage unit. Immediately move the vaccine(s)/TSMP to a working storage unit at proper temperature (refrigerator: 2-8°C/36-46°F, freezer: below -15°C/5°F.

b. Label exposed vaccine(s)/TSMP as "DO NOT USE," and place them in a separate container apart from other products in the storage unit.

c. DO NOT destroy, discard or use vaccine(s)/TSMP until released by:

- U.S. Army Medical Materiel Agency Distribution Operations Center (USAMMA-DOC) for anthrax, smallpox or adenovirus.
- Defense Logistics Agency Troop Support Medical (DLA-TSM) for all other vaccines.

d. Notify your local leadership of the potential loss.

e. Contact your Immunization Healthcare Specialist (IHS): www.health.mil/ContactYourIHS

## Step 2. Complete the PC-TSMP Worksheet:

a. Complete **ALL** required information on the attached PC-TSMP worksheet, this will prevent any delay in receiving disposition for your products.

b. Save document as "PC-TSMP_enter clinic name and location_enter current date" using the following example: PC-TSMP_NBHC Key West FL_15 Jul 16.

c. When possible, send completed worksheet along with copies of your temperature logs to your IHS for review to confirm all information is appropriately documented.

d. Click the "Submit by email" button, ensure the "Desktop Email Application" button is selected and click "OK".

e. Include your IHS's email address (if known) on the "To" line when the message opens up.

f. Click the send button; it will forward completed worksheet directly to the USAMMA-DOC and DLA-TSM mailboxes: usarmy.detrick.medcom-usamma.mbx.doc@mail.mil and paacoldchainteam@dla.mil.

g. Standby for further instructions from USAMMA-DOC and/or DLA-TSM. They will provide disposition for your vaccine(s)/TSMP.

h. Contact USAMMA-DOC, DLA-TSM and/or your IHS if disposition has not been received within 24-hours of submitting the completed worksheet.

i. Contact information for USAMMA-DOC and DLA-TSM:

- USAMMA DOC: (301) 619-4318/3017, after hours: (301) 676-1184/0808.
- DLA-TSM: (215) 737-5537, or e-mail: paacoldchainteam@dla.mil or DSCPColdchain@dla.mil

NOTE: If your product is not listed in the drop-down menu on page 3 and you manually enter the product information, the cost will not auto-calculate and will not be included in the total cost of affected TSMP box.

* TSMP collectively refers to: vaccines, blood products, tissue products, temperature sensitive reagents, and other temperature sensitive items.

Reset Form

# PC-TSMP Worksheet

Date: _____ Site/Clinic Name/Address: _____ State: _____

Country/Territory: _____ Site/Clinic Type: _____ Service: _____ Component: _____

POC: _____ Email: _____ Phone: _____ IHS: _____

**Required temperature and storage unit information:** Room temperature where vaccine(s)/other TSMP located: _____

1a. Temps recorded in F or C: _____ 1b. Vaccine(s)/other TSMP left out of refrigerator or freezer? _____ 1c. Stored in transport container? _____

1d. Vaccine(s)/other TSMP stored in proper storage unit (refer vs. freezer)? _____ 1e. If 1b.-1c. is YES or 1d. is NO, how long (hrs)? _____

2a. **Prior to event:** date/time of last manual temp check when temps were within normal range? date: _____ time: _____ refer temp: _____ freezer temp: _____

2b. **Post event:** date/time when vaccine(s)/TSMP were back within normal temp range? date: _____ time: _____ refer temp: _____ freezer temp: _____

3. If vaccine(s)/other TSMP were located in refrigerator and/or freezer during this event, complete 3a. - 3e.

3a. Water bottles in refer? _____ 3b. Water bottles or ice packs in freezer? _____

3c. Refer temp: current: _____ warmest: _____ coldest: _____

3d. Freezer temp: current: _____ warmest: _____ coldest: _____

3e. Estimated # of **hours** vaccine(s)/other TSMP were exposed to temps outside the recommended range: Refer hrs: _____ Freezer hrs: _____

4a. Product removed from nonworking unit & transported to working storage unit? _____ 4b. Proper packing protocol used (e.g., CDC)? _____

4c. Refrigerated gel packs used to pack refrigerated vaccines? _____ 4d. Thermometer placed in transport container near vaccine? _____

4e. Barrier placed between vaccine & coolant packs (e.g., cardboard, bubble wrap, etc.)? _____ 4f. Transport container temperature: _____

5. Prior to this current temp excursion, were these same vaccine(s)/TSMP exposed to temps outside the recommended range at anytime? _____

Explain: _____

6. Document in the space below the circumstances surrounding the potential compromise. Include date, time, current location of vaccine(s) or other TSMP, personnel notified, and actions taken once incident was identified. List all products affected on following page.

**Please select all event types that apply:**

**Non-preventable loss:** _____

**Personnel Error:** _____

**Process Failure:** _____

**USAMMA-DOC/DLA-TSM Use Only:**

# PC-TSMP Worksheet

| Brand Name, NDC/Part #, and Manufacturer (Add this information if item is not listed in drop-down menu) | Lot # | Expiration Date | Quantity (# of doses) | Cost of TSMP | # MDV Open | Disposition |
|---|---|---|---|---|---|---|
| (SELECT FROM DROP-DOWN OR ENTER REQUIRED INFORMATION) | | | | $0.00 | | (select one) |
| | | | | | | |
| | | | | | | |
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