



## Temperature Sensitive Medications Handling & Storage – Competency Assessment RUHS Department of Pharmacy (All Employees)

☐ initial    ☐ review

Name of Employee: \_\_\_\_\_ Title: \_\_\_\_\_ Employee #: \_\_\_\_\_

The person validating must date the appropriate column and sign the form. Policy Reference: HW831

| Self-Assessment | Skills/Competencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Learning Methods | Comp. Method | Validator |         |                 |
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|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |              | Date      | Initial | Assessment Code |
|                 | <b>Temperature Sensitive Medication handling and storage.</b> <ul style="list-style-type: none"> <li>Medications will be unpacked and refrigerated/frozen IMMEDIATELY upon receipt.</li> <li>Medications must be returned to the refrigerator/freezer IMMEDIATELY after use.</li> <li>Medications must be rotated on the "FIRST TO EXPIRE, FIRST OUT" principle.</li> <li>Temperature monitoring is an important part of medication storage. There is a risk of loss of efficacy, patient harm, and financial loss when drugs requiring refrigeration are stored at out-of-range temperatures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                          | I                |              |           |         |                 |
|                 | <b>Temperature Monitoring</b> <ul style="list-style-type: none"> <li>Check temperatures at least once a day depending on the area</li> <li>If temperature is within range and no alarm               <ul style="list-style-type: none"> <li>Clear min/MAX</li> <li>Ensure data logger is in place and recording</li> </ul> </li> <li>If temperature excursions occurred and alarm went off               <ul style="list-style-type: none"> <li>Follow the temperature excursion process</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I                |              |           |         |                 |
|                 | <b>Temperature Ranges: USP &lt;1079&gt; guidelines:</b> <ul style="list-style-type: none"> <li>Room Temperature Storage: 20°C – 25°C (Excursions permitted between 15°C and 30°C)</li> <li>Refrigerator Storage: 2°C – 8°C</li> <li>Freezer Storage general guideline: - 50°C to - 10°C (<i>Actual storage temp may vary; see package insert</i>)</li> <li>Ultra Low Temperature (ULT) Freezer: - 90°C to - 60°C</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I                |              |           |         |                 |
|                 | <b>Temperature Documentation</b> <ul style="list-style-type: none"> <li><u>Simplifi 797 SoleSource</u> <ul style="list-style-type: none"> <li>Simplifi 797 SoleSource</li> <li>Able to login to Simplifi 797 SoleSource</li> <li>Understand the requirement on how to log temperature and the frequency</li> </ul> </li> <li><u>Pyxis Attention Notice</u> <ul style="list-style-type: none"> <li>Check the console for Pyxis Smart Remote temperature warnings on the attention notice screen.               <ul style="list-style-type: none"> <li>Orange indicates out-of-range or not reporting.</li> <li>Check and document findings every two hours on the RUHS Pyxis Attention Notice &amp; Temperature Log Sheets.</li> </ul> </li> </ul> </li> <li><u>COVID-19 vaccine temperature log</u> <ul style="list-style-type: none"> <li>Record temperatures 2 times a day on the paper copy</li> <li>Record the time and your initials</li> <li>Record a check if an alarm went off</li> <li>Record Current, min and MAX</li> </ul> </li> </ul> | I                | DO<br>RD     |           |         |                 |

### KEY

#### Self-Assessment

1. Have never done – Have no knowledge
2. Have never done – Understand theory
3. Limited experience
4. Experienced – Understands theory

#### Learning Methods

- I – In-services
- S – Self Study packets
- V – Video
- C – Course Certification

#### Competency Method

- DO – Direct Observation
- RD – Return Demonstration
- WE – Written Examination
- SS – Skills station simulation
- CS – Case Scenario

#### Assessment Code

1. No Skills
2. Limited Skills
3. Competent
4. Competent, able to teach

**Temperature Sensitive Medications Handling & Storage**  
**Department of Pharmacy**

Name of Employee: \_\_\_\_\_

| Self-Assessment | Skills/Competencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Learning Methods | Comp. Method | Validator |         |                 |
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|                 | <b>Temperature Excursions</b> <ul style="list-style-type: none"> <li>Understand how to take action &amp; follow up when the temperature is out of range.</li> <li>Notify the supervisor and the pharmacist on duty and/or the pharmacist in charge. <ul style="list-style-type: none"> <li>seek advice on the stability and whether it is safe for administration from the product manufacturer or supplier.</li> </ul> </li> <li>RUHS Plant Operations is responsible for the repair and maintenance of refrigerators, freezers, and warmers. <ul style="list-style-type: none"> <li>Use HEMS resources to submit a service ticket. Online or call 951-486-4075.</li> <li>Link to instructions for submitting a ticket online</li> <li><a href="https://rivcoca.sharepoint.com/sites/ruhs/adminservices/plantopsfacility/Documents/EQ2WebRequestInstructionsr03.pdf">https://rivcoca.sharepoint.com/sites/ruhs/adminservices/plantopsfacility/Documents/EQ2WebRequestInstructionsr03.pdf</a></li> </ul> </li> </ul> <b>Resolved Excursions</b> <ul style="list-style-type: none"> <li>Records should explain the reason for the temperature deviation and the resulting action is taken.</li> <li>Pyxis Fridges/Freezers: Use the Pyxis Console to clear resolved excursions.</li> <li>All other Fridges/Freezers: Must be documented in Simplifi and the COVID19 vaccine temperature log if applicable</li> </ul> | I, V             | DO<br>RD     |           |         |                 |
|                 | <b>Calibration &amp; Maintenance</b> <ul style="list-style-type: none"> <li>RUHS Plant Operations is responsible for the preventive maintenance of all refrigerators, freezers, and warmers.</li> <li>Pyxis Smart Remote Managers are maintenance and calibrated by BD CareFusion.</li> <li>All equipment (e.g., Data loggers) used for recording, monitoring, and maintaining temperatures should be calibrated regularly. The calibration of all monitoring devices (including alarms) should be checked on an annual or semiannual basis</li> <li>Check the expiration date on temperature monitoring devices.</li> <li>Understand how to resolve expired temperature monitoring devices.</li> <li>Know the storage location (e.g., Chapel) of temperature monitoring devices.</li> <li>Understand how to set up temperature monitoring devices</li> <li>Report to the supervisor when the stock of temperature monitoring devices is low.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I                |              |           |         |                 |

**Validator's Statement:** *I have reviewed this Competency Assessment and Validation form and validated that the employee's competency assessment is complete. If applicable, appropriate action has been taken to address any competency deficiencies.*

Validator's Name: \_\_\_\_\_ Validator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Scan the QR code to mark in-service as completed and that you feel competent](https://forms.office.com/g/MvKFhWDJEI?origin=IprLink)  
<https://forms.office.com/g/MvKFhWDJEI?origin=IprLink>

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