



**STATE OF NEVADA
DIVISION OF PUBLIC & BEHAVIORAL HEALTH**

Immunization Program ▪ 4150 Technology Way ▪ Suite 210 ▪ Carson City ▪ Nevada ▪ 89706

**Nevada State Addendum To
March 2018 – March 2019 Agreement to Participate**

Pin: _____

17.	<p>I will maintain clients’ immunization records for a period specified by NRS 629.051 “Health care records: Retention; disclosure to patients concerning destruction of records; exceptions; regulations. #1: ...<i>Each provider of health care shall retain the health care records of his or her patients as part of his or her regularly maintained records for 5 years after their receipt or production. Health care records may be retained in written form, or by microfilm or any other recognized form of size reduction, including, without limitation, microfiche, computer disc, magnetic tape, and optical disc...</i> Health care records may be created, authenticated and stored in a computer system which limits access to those records. #7: <i>A provider of health care shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.</i>” If requested, I will make such records available to the Nevada Department of Health and Human Services and/or the Federal Department of Health and Human Services. I will make such records available to the health authority and/or designee, if requested (per NAC 441A.750). This includes the collection of data for quality improvement assessments.</p> <p>http://www.leg.state.nv.us/NRS/NRS-629.html#NRS629Sec051</p>
18.	<p>Notify the Nevada State Immunization Program of all changes immediately as they occur including, but not limited to:</p> <ul style="list-style-type: none"> ○ Change of address; ○ Change of shipping hours; ○ Change of Primary or Back-up vaccine coordinators; ○ Change of telephone, fax number, or e-mail; ○ Additions/deletions of physicians, PA’s and nurse practitioners to the provider site
19.	<p>I will not move any publicly supplied vaccines unless I have prior approval from the Nevada State Immunization Program (NSIP).</p>
20.	<p>I agree to use the continuous digital monitoring devices provided by the NSIP to monitor vaccine storage units storing publicly funded vaccines. The NSIP will provide at least 2 Log Tag Tred30-7R continuous monitoring devices with the following capabilities:</p> <ul style="list-style-type: none"> ● Alarm for out-of-range temperatures ● Displays current, minimum and maximum temperatures ● Low battery indicator

	<ul style="list-style-type: none"> • Accuracy of +/- 1° F (0.5° C), has memory storage of at least 4000 readings • A detachable bio-safe glycol-encased probe that measures liquid temperatures • Certificate of calibration accredited by an ILAC MRA signatory body or meets ISO/IEC 17025 international standards. <p>I understand it is the clinic’s responsibility to pay for the biennial recalibration of the data loggers. If I cannot use the digital monitoring devices supplied by the NSIP, then I will use a <u>NSIP approved</u> temperature monitoring device. I agree to return all equipment supplied to my clinic through State or Federal funds to the Nevada State Immunization Program upon terminating from the VFC Program.</p>
21.	<p>I agree to purchase at least one backup data logger with a valid and current certificate of calibration accredited by an ILAC MRA signatory body or that meets ISO/IEC 17025 international standards, capable to alarm (visually or audibly) for out of range temperatures, provide current temperatures, minimum and maximum temperatures, low battery indicator, accuracy of +/- 1° F (0.5° C), used in conjunction with a detachable biosafe glycol-encased probe that measures liquid temperatures and have it readily available to ensure that twice a day temperature assessment and recordings can be performed. In the event the NSIP Program Manager, Vaccine Manager, Provider Quality Assurance Manager, and/or the Vaccine Storage & Handling Coordinator recommends to my Primary Vaccine Coordinator and/or myself, the Medical Director, that I purchase stand-alone refrigerator and freezer units as a result of reviewing long-term temperature monitoring information, and the office does not purchase the recommended storage unit type, then I WILL be held accountable for replacing all VFC vaccine doses (at private cost on a dose-per dose basis) that are spoiled or wasted as a result of temperature excursions in the non-recommended unit.</p>
22	<p>I agree to order and administer all Advisory Committee on Immunization Practices (ACIP) recommended vaccines to VFC eligible children.</p>
23.	<p>For providers new to the VFC program or those replacing a vaccine storage unit or opening additional offices:</p> <p>I agree to purchase a freezer-less stand-alone refrigerator and a stand-alone freezer. I understand that I cannot use a combination style refrigerator/freezer or dorm style refrigerators for storage of publicly funded vaccines.</p>
24.	<p>I agree to have at least one key staff member attend one training opportunity such as medical assistant immunization training or other provider educational event focused on immunizations. Additionally, if my office does not receive a VFC compliance visit in 2018, then I agree that the Primary and Back-Up Vaccine Coordinators will complete the CDC-sponsored 2018 “You Call the Shots -VFC Requirements” and 2018 “You Call the Shots - Storage and Handling” modules and fax the Certificates of Completion to the NSIP.</p>
25.	<p>I agree to have all staff who enter data into NV WebIZ receive the appropriate training prior to obtaining a username and password, entering data, or receiving public stock vaccine. I also agree to have the Primary and Back-up Vaccine Coordinators complete in-person training for inventory management and reconciliation of my inventory; and complete online training for ordering and returning publicly funded vaccine using NV WebIZ after the clinic has been</p>

	designated a Type 3 (managing inventory in real-time and reconciling end of month inventory) user.
26.	I understand that vaccine funding source information must be included in the vaccine administration data that is documented in NV WebIZ. If vaccine administration data is transmitted from my practice’s EMR to NV WebIZ via HL7 messaging, the vaccine funding source information must be included.
27.	I will not borrow VFC vaccine to administer to non-VFC eligible patient’s) unless a rare unplanned situation exists. In the event an unplanned situation occurs that requires borrowing of VFC vaccine to administer to a non-VFC eligible patient, or vice versa, then I will be required to complete the “Vaccine Borrowing Report” to document borrowed and replaced doses. I will submit this form with monthly reports for the month in which the borrowing occurred.

<p>Explanation of each item listed in this agreement is outlined in the “Vaccines for Children Program Protocol –2018.” Protocol can be found at: http://dpbh.nv.gov/Programs/VFC/VFC - Home/ By signing this page, I certify on behalf of myself and all immunization providers in this facility that I have read and agree to the Nevada State Immunization Program enrollment requirements listed above and understand I am accountable for compliance with these requirements in addition to the Federal Vaccines for Children Program requirements.</p>	
<p>Medical Director or Equivalent Name (print):</p>	
<p>Signature:</p>	<p>Date:</p>

VACCINATION SHIPPING HOURS

IMPORTANT – Days and times the clinic is open to accept delivery of vaccines:

Day Of The Week	Time Office Open for Delivery	Closed for LUNCH from/to	Time Office Closes
MONDAY:			
TUESDAY:			
WEDNESDAY:			
THURSDAY:			
FRIDAY:			

Notify the Nevada State Immunization Program (in writing) of any changes, e.g., clinic closures or changes in hours of operation. In order for McKesson to be able to deliver vaccine, you must have appropriate staff available to receive the vaccine at least one day a week (other than Monday) for at least four (4) consecutive hours during that day.