

To receive publicly funded vaccines from the Nevada State Immunization Program (NSIP) at no cost I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the healthcare facility of which I am the medical director or practice administrator or equivalent:

Medical Director, practitioner or equivalent (one who is authorized to prescribe vaccines under Nevada State Law) to initial all:

- _____ 1) I will immunize all antepartum/postpartum mothers and one contact with state supplied Tdap vaccine at no charge to the patient for the cost of the vaccine.
- _____ 2) I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the NSIP unless:
 - a) In the providers medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate (NRS 392.439, 394.194, 432A.250);
- _____ 3) I will maintain all records related to the NSIP Cocooning Program for a minimum of 3 years and make these records available to public health officials, including the Nevada Department of Health and Human Services and/or Federal Department of Health and Human Services, upon request.
- _____ 4) For adults ages 19 years and older, the administration fee charged should not exceed the regional Medicare vaccine administration fee of \$21.34 per vaccine dose.
- _____ 5) I will not deny administration of a state supplied vaccine because of the patient's inability to pay the administration fee.
- _____ 6) I will distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) (www.vaers.hhs.gov).
- _____ 7) I will comply with the requirements for vaccine management and accountability including:
 - a) Ordering vaccine and maintaining appropriate vaccine inventory;
 - b) **Not** storing vaccine in dormitory-style units at any time;
 - c) Storing vaccine under proper storage conditions at all times. Refrigerator units and temperature monitoring equipment and practices must meet Nevada State Immunization Program storage and handling requirements;
 - d) Return all eligible, publicly supplied spoiled/expired vaccine to McKesson, the CDC's centralized distributor within six (6) months of spoilage/expiration.
- _____ 8) I will participate in NSIP compliance site visits, storage and handling unannounced visits and other education opportunities associated with the NSIP Program requirements.
- _____ 9) I agree to use the continuous digital monitoring device provided by the NSIP to monitor vaccine storage units containing state supplied vaccines. The NSIP will provide one (1) LogTag TRED30-7R continuous monitoring device with capabilities of alarming for out-of-range temperatures, provides current temperatures an minimum/maximum temperatures, low battery indicator, accuracy of +/- 1° F (0.5C), used in conjunction with a detachable biosafe glycol-encased probe and come with current certificates of calibration accredited by an ILAC MRA signatory body or meets ISO/IEC 17025 international standards. **Hospitals that have storage units monitored do not need data loggers installed as long as the system that monitors the temperatures**

can download and print out monthly temperature reports to be sent to NSIP. I understand it is the clinic's responsibility to pay for the biennial recalibration of the data loggers. I agree to return all equipment supplied to my office through federal or state funds to the NSIP upon termination of this agreement.

- ____ 10) I agree to purchase at least one (1) backup thermometer with a valid and current certificate of calibration accredited by an ILAC MRA signatory body or meets ISO/IEC 17025 international standards, capable of alarming (visually or audibly) for out-of-range temperatures, provides current temperatures and minimum/maximum temperatures, low battery indicator, accuracy of +/- 1°F (0.5°C), used in conjunction with a detachable biosafe glycol-encased probe and have it readily available to ensure that twice a day temperature assessment and recording can be performed in the event the NSIP-supplied data logger is no longer working or has been sent for recalibration. **I understand that on January 1, 2018, I will be required to purchase a continuous temperature recording device (data logger) as my backup thermometer as required by the CDC.**
- ____ 11) 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 a stand-alone refrigerator as a result of reviewing long-term continuous temperature monitoring data, and the office does not purchase the recommended storage unit type, **then I WILL BE HELD ACCOUNTABLE for replacing all state-funded vaccine doses (at private cost) on a dose-for-dose basis that are spoiled or wasted as a result of temperature excursions in the non-recommended unit.**
- ____ 12) I understand this facility or the NSIP may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, then I will notify the NSIP in writing and properly return any unused state supplied vaccine.
- ____ 13) I will not move state supplied vaccines unless I have prior approval from the NSIP.
- ____ 14) I will record all vaccines that our office administers into Nevada's Immunization Information System (NV WebIZ) unless the patient has chosen to not participate. In order for a patient to opt-out of NV WebIZ, a form must be completed and faxed or mailed to the NV WebIZ Help Desk. Providers with an undue hardship (i.e., no internet access) can comply by completing a NV WebIZ paper reporting form and mailing to the NV WebIZ Program. Please contact the NV WebIZ Help Desk for this form. These requirements are in reference to Nevada Revised Statutes (NRS) 439.265 and corresponding Nevada Administrative Code (NAC) R094-09A. View these laws at:
- NRS: <http://www.leg.state.nv.us/NRS/NRS-439.html#NRS439Sec265>
 - NAC: <http://www.leg.state.nv.us/NAC/NAC-439.html#NAC439Sec870>
 - NV WebIZ: <http://dpbh.nv.gov/Programs/WebIZ/WebIZ - Home/>
- ____ 15) 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: *...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... Health care records may be created, authenticated and stored in a computer system which limits access to those records.* #7: *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.*" 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.

____16) I agree to have all staff who enter data into NV WebIZ receive the appropriate training prior to obtaining a username, password, entering data, or receiving vaccine (new enrollees). I also agree to have the Primary and Back-up VFC coordinators complete either in person or online training for ordering and returning federally funded vaccine using NV WebIZ after our clinic has been designated a Type 3 provider (e.g., managing inventory and reconciling end of month inventory exclusively in NV WebIZ).

____17) I agree to notify the Nevada State Immunization Program of all changes immediately as they occur including, but not limited to:

- Change of shipping/ mailing address;
- Change in vaccine shipping hours;
- Change of Primary or Back-Up Vaccine Coordinators;
- Change of telephone, fax number or contact e-mail;
- Additions/deletions of physicians, PA's and nurse practitioners to the provider site.

Explanation of each item listed above is outlined in the “July 2017-June 2019 Cocooning Programs Protocol.” The Protocol can be found at: <http://dphh.nv.gov/Programs/Cocooning/Cocooning - Home/>

By signing this form, I certify on behalf of myself and all immunization providers in this facility that I have read and agree to the NSIP enrollment requirements listed above and understand that I am accountable for compliance with these requirements.

**Printed Name: Medical Director, practice administrator or equivalent
(one who is authorized to prescribe vaccines under Nevada State Law)**

Medical License #

Signature:

Date

