Utah licensing rules R432-40 and R386-705-3 require all “long term care” facilities (nursing care, small care, intermediate care for the mentally retarded, assisted living I & II facilities and swing beds of hospitals) to:

- offer influenza and pneumococcal (pneumonia) immunizations to residents/occupants and influenza immunization to employees
- have standing orders in place for immunizations if facility staff is immunizing
- collect immunization histories
- keep records of immunization and/or declination of immunization
- annually report influenza and pneumococcal immunization of residents/occupants, and annually report influenza immunization of employees

**Overview:**

**Immunization:**

**Documentation:**

**Reporting:**
Background

Flu vaccination has been shown to reduce flu illnesses and more serious flu outcomes that can result in hospitalization or even death in older people. A 2017 study showed that flu vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized flu patients; with the greatest benefits being observed among people 65 years of age and older.

Because long term care residents are especially vulnerable to influenza and pneumonia and their complications the Utah Immunization Program drafted a licensing rule in 2002 to ensure that long term care residents are provided the opportunity for vaccination. This rule formalized best practice vaccination procedures and reporting for long term care facilities in order to encourage compliance with recommended practices and to determine vaccine coverage levels. The best practices included in the rule are: the establishment of standing orders for influenza and pneumococcal vaccination; the offering and documentation of vaccination; the collection of vaccine histories; and the reporting of vaccination status. The final licensing rule R432-40 requiring these practices was adopted in December of 2002 (reinforced by R386-705-3, which was adopted in 2007).

On a national level best practices for long term care facilities have also been formalized into recommendations by the Advisory Committee for Immunization Practices (ACIP) and requirements by the Centers for Medicare & Medicaid Services (CMS). In October of 2005, CMS began requiring as a condition of participation in the Medicare and Medicaid programs that nursing homes ensure that their residents receive influenza and pneumococcal vaccinations. The CMS rule requires that long-term care facilities ensure each resident is:

- offered seasonal influenza immunization annually;
- immunized against influenza unless medically contraindicated or when the resident or the resident's legal representative refuses immunization;
- offered pneumococcal immunization once if there is no history of immunization; and
- immunized against pneumococcal disease unless medically contraindicated or when the resident or the resident's legal representative refuses immunization.
Studies have also found that ideal strategies for the protection of residents of long term care facilities and patients in health care settings against influenza include vaccination of the health care workers. The Centers for Disease Control and Prevention (CDC) and the ACIP recommend that all employees of long term care facilities who have contact with residents receive an influenza vaccination. In support of this recommendation the Joint Commission on Accreditation of Health Care Organizations (JCAHO) approved an infection-control standard in January of 2007 that requires accredited organizations to offer influenza vaccinations to staff, including volunteers and licensed independent practitioners with close patient contact.

Utah’s long term care immunization licensing rules support the recommendations and requirements issued by the CDC, ACIP, CMS and JCAHO and allow for the collection of data that provides an annual measure of vaccine coverage among a vulnerable population. Achievement of a 90% vaccination for residents and health care workers is a national goal and Utah’s immunization rules make it possible to mark our progress toward this goal.

“In nursing homes and other residential long-term care facilities, immunization with inactivated influenza vaccine should be routinely provided to all residents at one period of time immediately preceding the influenza season; consent should be obtained at the time of admission.”

Centers for Disease Control and Prevention (CDC)
Long Term Care Immunization Rules

Utah licensing rules R432-40 and R386-705-3* require all “long term care” facilities (nursing care, small care, intermediate care for the mentally retarded, assisted living I & II facilities and swing beds of hospitals) to:

1. **Offer immunizations**
   - For RESIDENTS the rules require:
     - Annual offer of influenza immunization (including those who have claimed an exemption for previous years)
     - Determination of pnmuemococcal (pneumonia) immunization status and offer of immunization to non-immunized residents (including those who have claimed an exemption for previous years)
   - For EMPLOYEES the rules require:
     - Annual offer of influenza immunization (including those who have claimed an exemption for previous years)

2. **Have standing orders in place for immunizations**
   - If facility staff is immunizing residents and/or employees, the facility should have standing orders for immunizations, signed by a physician, nurse or other healthcare provider with prescription writing privileges
   - Facilities using an outside agency or service do not need to have standing orders. The agency or service providing the immunizations will have their own standing orders.

3. **Collect immunization histories**
   - For RESIDENTS the rules require:
     - Reasonable effort to collect a history of immunizations given before resident/occupant entered the facility
   - For EMPLOYEES it is recommended that immunization histories also be gathered, but the rule does not require it
4. Keep records of immunization and/or declination of immunization

For RESIDENTS the rules require:

- Annual record of influenza immunization or declination (whether immunization is given in the facility by staff, by an outside agency or service, or at another location)
- Record of immunization or declination for one pneumococcal (PPV) for all residents/occupants 65 years of age and older, or those who have medical conditions that put them at higher risk for pneumonia (whether immunization is given in the facility by staff, by an outside agency or service, or at another location)

For EMPLOYEES the rules require:

- Annual record of influenza immunization or declination (whether immunization is given in the facility by staff, by an outside agency or service, or at another location)

5. Annually report immunization status of residents and employees

The rules require annual completion of the online immunization report between January 1 and January 31

*Utah licensing rules R432-40 and R386-705-3 in their entirety are on page 18 in Appendix A of this guidebook.

The primary goal of the Long Term Care Immunization Rules is to protect a vulnerable population through immunization.
The Utah Long Term Care Immunization Rule R432-40 requires that standing orders establishing protocols for vaccine management, screening and documentation be in place for all facilities whose staff administer immunizations.

**Standing Orders**

**For facility staff:**
- Standing orders may be developed by medical staff or standing order prototypes may be used. One easily accessible and reliable site where standing orders may be downloaded for immediate use is: [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)
- Standing orders must be signed by a medical provider with prescription writing privileges.

**For facilities using another agency or service to provide immunizations:**
- These agencies and services should already be operating under standing orders for immunization protocols.
- Records of immunizations administered by agency or service should be obtained by facility at the time of service.
- Written policies and procedures should be in place in all facilities to ensure that immunization is offered to residents and employees, whether immunizations are provided by facility staff or by an outside agency or service.

― Advisory Committee on Immunization Practices (ACIP)
**Standing Order Forms** (from www.immunize.org/standing-orders)

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**Standing Orders for Administering Seasonal Influenza Vaccine to Adults**

**Purpose:** To reduce morbidity and mortality from seasonal influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), when allowed by state law, may vaccinate patients who meet any of the criteria below.

**Procedure:**
1. Identify adults with a history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine.
   - **Contraindications:** serious reaction (e.g., anaphylaxis) after receiving influenza vaccine or on receipt of a previous dose of influenza vaccine or active influenza-like illness. For a list of vaccine components, go to www.cdc.gov/vaccines/hcp/techinfo/bulletins/policies/standing-order-cp2.pdf. Do not give live attenuated influenza vaccine (LAIV) in adult who is pregnant, age 65 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or mastocytosis (including Fabry’s disease); immunosuppression, including that caused by medications or HIV.
   - **Precautions:** moderate or severe acute illness with or without fever; history of Guillain-Barre syndrome within 4 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antiviral (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 48 hours after vaccination.
3. Provide all patients a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient’s medical record or chart the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.
4. Administer 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV) IM (22.5 Ig) in the deltoid muscle, nurse to a 90 degree, using a 1” x 1” needle for adults weighing less than 100 lbs (45 kg) for injection in the deltoid muscle, or 1” needle in adults weighing 100 lbs (45 kg) or greater, and to inactivate to a 90 degree angle. Alternatively, healthy adults younger than 45 years without contraindications may be given 0.2 mL of intranasal TIV 0.1 mL, 1 spray into each nostril while the patient is in an upright position.
5. Document each patient’s vaccination administration and follow-up in the following places:
   - **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason.
   - **Electronic record:** Record the date of the VIS and the site of injection. If vaccine was not given, record the reason in the medical record.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical plan available, as well as equipment and medications.

This policy and procedure shall remain in effect for all patients of the (name of practice or clinic) until (date).

Medical Director’s signature: ______________________ Effective date: ____________

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**Standing Orders for Administering Pneumococcal Vaccine to Adults**

**Purpose:** To reduce morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), when allowed by state law, may vaccinate patients who meet any of the criteria below.

**Procedure:**
1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
   - Age 65 years or older, or with a history of prior receipt of PPSV23 and any of the following conditions:
     - chronic lung disease
     - chronic cardiac disease (e.g., congenital heart defect, cardiomyopathy)
     - chronic kidney disease (e.g., chronic glomerulonephritis, nephrotic syndrome, hemodialysis)
     - diabetes mellitus, chronic liver disease (cirrhosis), or chronic alcohol intake
     - functional or acquired immunodeficiency (e.g., sickle cell disease, human immunodeficiency virus infection, congenital immunodeficiency, congenital or acquired hypogammaglobulinemia)
     - chronic renal failure
     - diabetes mellitus, chronic liver disease (cirrhosis), or chronic alcohol intake
     - chronic alcohol intake
     - immune-compromising conditions (e.g., HIV inunction, congenital immunodeficiency, congenital or acquired immunodeficiency)
   - A higher risk for severe pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., category v, vi, above)
   - Should patients be evaluated for a specific target dose of PPSV23 if four or more years have elapsed since the previous dose of PPSV23, the patient meets one of the following criteria:
     - Age 65 years or older and received prior PPSV23 vaccinations before age 65 years
     - A higher risk for severe pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., category v, vi, above)
   - A higher risk for severe pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., category v, vi, above)
   - A higher risk for severe pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., category v, vi, above)
   - A higher risk for severe pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., category v, vi, above)

2. Administer 0.5 mL of PPSV23 vaccine subcutaneously (22.5 Ig) in the deltoid muscle or subcutaneously (22.5 Ig) in the upper arm.
3. Document each patient’s vaccination administration and follow-up in the following places:
   - **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason.
   - **Electronic record:** Record the date of the VIS and the site of injection. If vaccine was not given, record the reason in the medical record.
4. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical plan available, as well as equipment and medications.
5. Report all adverse reactions to PPSV23 to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the (name of practice or clinic) until (date).

Medical Director’s signature: ______________________ Effective date: ____________

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**Advisory Committee on Immunization Practices (ACIP)**

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"Standing order programs for influenza vaccination should be conducted under the supervision of a licensed practitioner according to a physician-approved facility or agency policy by HCP trained to screen patients for contraindications to vaccination, administer vaccine, and monitor and report adverse events. The Centers for Medicare and Medicaid Services (CMS) has removed the physician signature requirement for the administration of influenza and pneumococcal vaccines to Medicare and Medicaid patients in hospitals, long-term care facilities, and home health agencies."

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[Text continues on next page]
Utilizing the State of Utah Immunization tools streamlines the reporting process.

**Documentation**

**Collect an immunization history for every resident:**

All facilities are required to collect a history of past immunizations given before the resident came to the facility. Immunization histories make it possible to determine vaccination status in order to keep immunizations up-to-date and to help evaluate susceptibility to disease should an outbreak occur.

Immunization records may be found through individual immunization record cards, primary care physician records, local health department records or other vaccine provider records. Some records may also be available through the Utah Statewide Immunization Information System (USIIS). A complete immunization history often must be pieced together from several sources.

It is also recommended that facilities collect a history of past immunizations for employees, but this is not required by the rule.
Record immunization or declination of immunization:

All facilities are required by the immunization rule to keep on-site records of the residents’ influenza and pneumococcal immunization status and of employees’ influenza immunization status, regardless of who administers immunizations for a facility. A date of influenza immunization or date of declination should be recorded for all residents and employees annually. All residents must also have a date of vaccination or date of declination for the pneumococcal vaccine. If they have no record of having received a pneumococcal vaccination they should be offered one.

The immunization rule does not mandate how records are kept, only that they be kept. Information from these records is needed to complete the annual immunization report. Facilities should be able to verify the reported information if requested to do so.

Tools for immunization record-keeping include:

- USIIS (an online record database)
- Immunization Record Forms
- Declination Waivers
- Influenza Vaccination Rosters
- Immunization Record Cards

The Utah State Immunization Information System (USIIS) is the main immunization data base for Utah.
Documentation Tools

Utah Statewide Immunization Information System (USIIS):

USIIS is a free, confidential, web-based information system that maintains immunization histories for Utah residents of all ages. USIIS is designed to help track immunization information by consolidating immunization from all providers into one centralized record.

- Stores immunization records
- Generates doses administered reports
- Generates lists of individuals missing immunizations
- Reduces paperwork
- Allows records to be accessed by all health care providers using USIIS

How to participate?

- Complete and mail the USIIS Provider Enrollment packet available at www.usiis.org or by calling 801-538-9450
- Schedule training with the Utah Immunization Program
Individual Immunization records:

Immunization record forms can be downloaded from the Immunization Action Coalition (IAC) website at:
www.immunize.org/va/va29vac_record_adult.pdf

Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccinate(s). Always provide or update the patient’s personal record card.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Date given (month/day/year) Filing Statement (0-11)</th>
<th>Site(s)</th>
<th>Vaccine</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Vaccinator (signature or initials &amp; title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diptheria, Pertussis (TDP)</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Human papillomavirus (HPV)</td>
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<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<td>Varicella</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
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<tr>
<td>Meningococcal (e.g., MEN, meningococcal)</td>
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</tr>
</tbody>
</table>

See page to record influenza, zoster, and other vaccines.

How to Complete this Record
1. Record the vaccine abbreviation (e.g., TDP or MMR) in the Vaccine field.
2. Record the date the vaccine was administered in the Date given (month/day/year) field.
3. Record the site where the vaccine was administered in the Site(s) field.
4. Record the filing statement (0-11) in the Filing Statement (0-11) field.
5. Record the vaccine information statement (VIS) in the Vaccine Information Statement (VIS) field.
6. Record the vaccinator’s signature or initials and title in the Vaccinator field.

Vaccine Administration Record for Adults

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Date given (month/day/year) Filing Statement (0-11)</th>
<th>Site(s)</th>
<th>Vaccine</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Vaccinator (signature or initials &amp; title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (e.g., TIV, inactivated LAIV, RC)</td>
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<tr>
<td>Zoster (ZDV)</td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

See page to record influenza, zoster, and other vaccines.

How to Complete this Record
1. Record the vaccine abbreviation (e.g., TIV or LAIV) in the Vaccine field.
2. Record the date the vaccine was administered in the Date given (month/day/year) field.
3. Record the site where the vaccine was administered in the Site(s) field.
4. Record the filing statement (0-11) in the Filing Statement (0-11) field.
5. Record the vaccine information statement (VIS) in the Vaccine Information Statement (VIS) field.
6. Record the vaccinator’s signature or initials and title in the Vaccinator field.

*The Immunization Action Coalition (IAC)® is a registered 501 (c) (3) non-profit organization with the U.S. Internal Revenue Service. The Immunization Action Coalition is dedicated to improving the health of all Americans through lifelong immunization. The IAC recognizes the importance of up-to-date information and works to promote accurate and reliable information about childhood vaccines and the benefits of immunization. The information provided by the Immunization Action Coalition is for educational purposes only and should not be used as a substitute for professional medical advice. Always consult with a qualified medical professional to determine the best course of action for your health needs.*
Immunization Record Cards:

Immunization record cards are available for individuals of all ages. These cards should be completed by the health care provider when vaccines are given, or can be completed by a health care provider consolidating several verifiable vaccination records. The cards are pocket-sized or wallet-sized. These cards may be ordered through the Utah Immunization Program provider website at: www.immunize-utah.org/provider/pv_mat_ordering.php

Adult immunization record cards (wallet-sized when folded):

Lifetime immunization record cards (pocket-sized with plastic sleeve):
Welcome to the Immunization Reporting System for Long Term Care Facilities

Log into the Long Term Care Immunization Report at:
https://health.utah.gov/appx/appx-ncs.cgi

Long Term Care Immunization Report

Annual Long Term Care Report:

The Long Term Care Immunization Report is an online report that must be completed annually between January 1st and January 31st by all applicable facilities. Facility types subject to the rule requirement are:

- Nursing care
- Small care
- Intermediate care for the mentally retarded
- Assisted living I & II
- Swing beds of hospitals

All facilities subject to the rule will be notified of the reporting due dates and provided with an ID/Password in the fall of each year.
The primary goal of the Long Term Care Immunization Rules is to protect a vulnerable population through immunization.

Through vaccine education and using the tools available in this guidebook you’ll be able to see your facilities immunization rates increase, and the number of residents and employees with vaccine preventable diseases decrease. For more information on utilizing the available tools please call the Utah Immunization Program at (801) 538-9450.
5 Key Points to Properly Storing Vaccines

1. Store vaccines in a stand alone refrigerator with no freezer inside.
2. Take temperatures on your fridge twice a day, morning and evening or the min/ max temp once every morning if using a data logger thermometer.
3. Maintain fridge temperatures between 36-46 degrees Fahrenheit or 2-8 degrees Celsius.
4. Store vaccines in the center of the fridge and keep them out of the doors and crispers, doing so will help to maintain stable vaccine temperatures.
5. Place a “Do Not Disconnect” sticker on the outlet and breaker box.
Taking temperatures twice a day morning and night is the most effective method of identifying inconsistent or fluctuating temperatures. Consistently taking temperatures twice a day will help safeguard against vaccine spoilage.

Visit [www.immunize-utah.org](http://www.immunize-utah.org) for printable temperature logs.

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**Celsius (°C) Temperature Log**

**Month/Year:**

**Facility Name:**

**Unit:**

**VFC P/N/ESD ID:**

**Any Temperatures Outside Manufacturer Range Must Be Addressed and Reported.**

Please submit action documentation with temperature logs. If temperatures exceed the range shown in the chart, take action as described in the Action Documentation section.

### Action Documentation:

- Review facility’s temperature monitoring and documentation procedures.
- Ensure all staff are trained in temperature monitoring.
- Implement corrective measures to maintain temperature within acceptable range.

### Temperature Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Temp Range</th>
<th>Temp</th>
<th>Min</th>
<th>Max</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>2°C-8°C</td>
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<td>2°C-8°C</td>
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<td>2°C-8°C</td>
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</tbody>
</table>

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*Temp Log Updated 2/19*
**Vaccine Information Statements**

**What is a Vaccine Information Statement?**
A Vaccine Information Statement (VIS) is a one-page (two-sided) information sheet, produced by CDC. VISs inform vaccine recipients — or legal representatives — about the benefits and risks of a vaccine. The law requires that VISs given out whenever certain vaccinations are given.

**Who must give out VISs?**
All providers of vaccines both public and the private sector. VISs may be provided to your residents at the time of admission, or at the time of consent if later than admission, rather than prior to each immunization.

**Where do I get a Vaccine Information Statement?**
VIS documents are available on the CDC’s website at [www.cdc.gov/vaccines/pubs/vis](http://www.cdc.gov/vaccines/pubs/vis). Copies are available in English and in other languages.

**Do I need to document that a Vaccine Information Statement was given?**
Yes, vaccine information statements need to be documented with the date that the resident received the form and also the VIS publication date. By Federal Law anyone receiving a vaccine must get the appropriate VIS.
R432-40. Long-Term Care Facility Immunizations.
R432-40-1. Legal Authority.
   This rule is adopted pursuant to Title 26, Chapter 21.

R432-40-2. Purpose.
   Influenza and pneumococcal immunizations are recommended for persons aged 65 years and older and for persons
   of any age who have medical conditions that place them at high risk for complications of influenza. The purpose of this
   rule is to require long term care facilities to have policies and procedures in place to protect vulnerable patients and resi-
   dents from vaccine preventable illnesses.

   As used in this rule:
   "Long-term care facility" means a nursing care facility, small health care facility, assisted living type I and type II,
   intermediate care facility for the mentally retarded, and swing bed unit of a general acute care hospital.
   "Pneumococcal immunization" means an immunization using the 23-valent pneumococcal polysaccharide vaccine
   (PPV23).

   Each long-term health care facility shall implement written policies and procedures that include:
   (1) a comprehensive assessment and immunization program for residents and employees;
   (2) how and when to provide the influenza and pneumococcal immunizations;
   (3) standing orders from a qualified health care practitioner to ensure residents obtain influenza and pneumococcal
       immunizations;
   (4) collection and recording of resident-specific immunization history information for each resident admitted to
       the facility;

R432-40-5. Immunization Offer and Exemptions.
   (1) Each long-term health care facility shall make available to all employees an influenza immunization during the
       recommended vaccine season. The facility shall be deemed to have made influenza immunization available if the facility
       documents that each employee on staff had the opportunity to receive an influenza immunization under their existing health
       plan coverage. If the employee does not have health plan coverage for influenza immunization, then the facility shall be
       deemed to have made influenza immunization available if the facility documents that each employee on staff had the oppor-
       tunity to receive an influenza immunization at a cost to the employee that is at or below that charged by their local health
       department.
   (2) Each long-term health care facility shall document circumstances beyond its control that prevent it from
       providing immunizations, such as non-availability of vaccine. If the facility is unable to obtain the necessary vaccines, it
       shall provide documentation and request an alternative plan from the local health department or Utah Department of Health.
   (3) The following are exempt from influenza and pneumococcal immunizations:
       (a) a resident, or the resident's responsible person if the resident is unable to act for himself, who has refused the
           immunization(s) after having been given the opportunity to be immunized and;
       (b) an employee who has refused the immunization(s) after having been given the opportunity to be immunized;
       (c) a resident or employee who has a condition contraindicated for immunization according to the Centers for Dis-
           ease Control and Prevention's Advisory Committee on Immunization Practice (ACIP) recommendations for influenza vac-
           cine or for pneumococcal vaccine.
   (2) For each resident and employee who is not immunized, the facility shall document in the resident's or employ-
       ee's respective files the reason for not becoming immunized. The long-term care facility shall annually make influenza and
       pneumococcal immunizations available to all residents and employees who have claimed an exemption. The long-term care
       facility shall document each refusal to receive and medical contraindication to influenza and pneumococcal immunizations.
The Department may assess up to a $500 civil money penalty for failure to maintain and report annual immunization data to the Utah Department of Health, Immunization Program, by January of each year. The Department may assess up to a $100 civil money penalty per resident or employee who, for reasons under the control of the facility, does not obtain an appropriate immunization(s) or if the facility does not have documentation of a refusal or medical contraindication.

R386-705-3. Reports.
(1) All hospitals shall, for all general or specialty care ICU beds, except bone marrow transplant units, newborn or neonatal intensive care units, or nursing areas that provide step-down, intermediate care, or telemetry monitoring only, report:
   (a) the number of central line patient days; and
   (b) each case of CLA-BSI.
(2) Each hospital and each long term care facility shall report its influenza vaccination rates for its healthcare workers.
RECOMMENDED IMMUNIZATION EMPLOYEE POLICY

Worksites are potential high-risk areas for transmission of vaccine-preventable diseases. Absence from work due to illness causes disruption in the workflow and costs to both the employee and employer. Additionally, employees who come to work ill can spread disease to others. Employee vaccination can decrease the number of days workers will miss due to illness and help reduce related costs.

1. [Agency/Employer Name] supports the immunization recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee of Immunization Practices (ACIP) and encourages all employees to obtain a copy of their immunization records and stay up-to-date on all recommended vaccinations.

2. [Agency/Employer Name] recommends that employees furnish the following information for reference in the event of a communicable disease outbreak:
   - An updated copy of his/her immunization record to include vaccinations against:
     - Measles, Mumps, Rubella (MMR)
     - Tetanus/Diphtheria/Pertussis—whooping cough (Tdap)
     - Varicella—chickenpox (Varicella or Zoster)
     - If applicable, Hepatitis A or Hepatitis B
   - Or, laboratory/medical evidence of immunity (e.g. antibody titer or documentation of clinical disease)

   Immunization records and other proof of immunity provided shall remain confidential and be placed in the employee’s personnel file.

[Agency/Employer Name] recommends that employees receive annual influenza vaccination.

3. [Agency/Employer Name] highly recommends the three dose series of Hepatitis B vaccine for any employee who is at risk for exposure to blood borne pathogens.

EMPLOYEE SIGNATURE ___________________________ DATE __________________
Mission Statement
The mission of the Utah Department of Health Immunization Program is to improve the health of Utah’s citizens through vaccinations to reduce illness, disability, and death from vaccine-preventable infections.
We seek to promote a healthy lifestyle that emphasizes immunizations across the lifespan.
From providing educational materials for the general public and healthcare providers to assessing clinic immunization records to collecting immunization data through online reporting systems, the Utah Immunization Program recognizes the importance of immunizations as part of a well-balanced healthcare approach.

Vision Statement
Promote and protect the health and safety of all Utahns by striving to ensure that no Utahn suffers the consequences of vaccine preventable diseases.