



UTAH DEPARTMENT OF  
**HEALTH**  
Immunization Program

# Long Term Care Facility Immunization Rule Guidebook

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Utah Department of Health  
Immunization Program  
2022

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## Overview

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

## 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 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).



*“Persons 65 years of age and older account for more than 90% of deaths attributed to pneumonia and influenza.”*

—Centers for Disease Control and Prevention (CDC)

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.

"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 pneumococcal (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 are 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.*

## Standing Orders

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.

### *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.

*"The use of standing orders programs by long term care facilities (e.g., nursing homes and skilled nursing facilities), hospitals, and home health agencies ensures that vaccination is offered."*

-Advisory Committee on Immunization Practices (ACIP)

## Standing Order Forms

(from [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders))

Standing Orders for Administering Seasonal Influenza Vaccine to Adults	
<p><b>Purpose:</b> 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.</p> <p><b>Policy:</b> Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate patients who meet any of the criteria below.</p> <p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Identify adults with no history of influenza vaccination for the current influenza disease season.</li> <li>2. Screen all patients for contraindications and precautions to influenza vaccine:           <ol style="list-style-type: none"> <li>a. <b>Contraindications:</b> serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of vaccine components, go to <a href="http://www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf">www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf</a> or the recipient table 2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (including hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.</li> <li>b. <b>Precautions:</b> moderate or severe acute illness with or without fever; history of Guillain-Barre syndrome within 6 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 or e.g., amantadine, rimantadine, zanamivir, or oseltamivir within the previous 48 hours or possibility of use within 14 days after vaccination.</li> </ol> </li> <li>3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or other log, 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; these can be found at <a href="http://www.immunize.org/vis">www.immunize.org/vis</a>.</li> <li>4. Administer 0.5 mL of injectable inactivated inactivated influenza vaccine (TIV) IM (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A ½" needle may be used for adults weighing less than 130 lbs (60 kg) for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) Alternatively, healthy adults younger than age 50 years without contraindications may be given 0.2 mL of inactivated LAIV, 0.1 mL is sprayed into each nostril while the patient is in an upright position.</li> <li>5. Document each patient's vaccine administration information and follow up in the following places:           <ol style="list-style-type: none"> <li>a. <b>Medical chart:</b> 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(s) for non receipt of the vaccine (e.g., medical contraindication, patient refusal).</li> <li>b. <b>Personal immunization record card:</b> Record the date of vaccination and the name/location of the administering clinic.</li> </ol> </li> <li>6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.</li> <li>7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a> or (800) 822-7867. VAERS report forms are available at <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a>.</li> </ol> <p>This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date) _____ (name of practice or clinic)</p> <p>Medical Director's signature: _____ Effective date: _____</p> <p><small>Download resources to assist your practice's vaccine operation: <a href="http://www.immunize.org/pdft/p16001suppl.pdf">www.immunize.org/pdft/p16001suppl.pdf</a> • <a href="http://www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf">www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf</a></small></p> <p><small>© Immunization Action Coalition • 1375 Valley Ave. • St Paul, MN 55104 • (612) 447-9339 • <a href="http://www.immunize.org">www.immunize.org</a> • <a href="http://www.immunizationinformation.org">www.immunizationinformation.org</a></small></p>	

Standing Orders for Administering Pneumococcal Vaccine to Adults	
<p><b>Purpose:</b> 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.</p> <p><b>Policy:</b> Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet any of the criteria below.</p> <p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV) based on the following criteria:           <ol style="list-style-type: none"> <li>a. Age 65 years or older without or unknown history of prior receipt of PPSV</li> <li>b. Age 65 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:               <ol style="list-style-type: none"> <li>i. cigarette smoker</li> <li>ii. chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathy)</li> <li>iii. chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)</li> <li>iv. diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks</li> <li>v. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)</li> <li>vi. immunosuppressing condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)</li> <li>vii. immunosuppressive therapy (e.g., alkylating agents, antineoplastic, long-term systemic corticosteroids, radiation therapy)</li> <li>viii. organ or bone marrow transplantation</li> <li>ix. chronic renal failure or nephrotic syndrome</li> <li>x. candidate for or recipient of cochlear implant</li> </ol> </li> </ol> </li> <li>2. Identify adults in need of a second (and final) dose of PPSV if five or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:           <ol style="list-style-type: none"> <li>a. Age 65 years or older and received prior PPSV vaccination before age 65 years</li> <li>b. At highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories i, ii, iii, above)</li> </ol> </li> <li>3. Screen all patients for contraindications and precautions to PPSV vaccine:           <ol style="list-style-type: none"> <li>a. <b>Contraindications:</b> a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV or to a vaccine component. For a list of vaccine components, go to <a href="http://www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf">www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf</a> or the recipient table 2.pdf.</li> <li>b. <b>Precautions:</b> moderate or severe acute illness with or without fever</li> </ol> </li> <li>4. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to document in the patient's medical record or other log, 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; these can be found at <a href="http://www.immunize.org/vis">www.immunize.org/vis</a>.</li> <li>5. Administer 0.5 mL PPSV vaccine either intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or subcutaneously (25–27g, ½" needle) in the gluteomedial 1st of the upper arm.</li> <li>6. Document each patient's vaccine administration information and follow up in the following places:           <ol style="list-style-type: none"> <li>a. <b>Medical chart:</b> 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(s) for non receipt of the vaccine (e.g., medical contraindication, patient refusal).</li> <li>b. <b>Personal immunization record card:</b> Record the date of vaccination and the name/location of the administering clinic.</li> </ol> </li> <li>7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.</li> <li>8. Report all adverse reactions to PPSV to the federal Vaccine Adverse Event Reporting System (VAERS) at <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a> or by calling (800) 822-7867. VAERS report forms are available at <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a>.</li> </ol> <p>This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date) _____ (name of practice or clinic)</p> <p>Medical Director's signature: _____ Effective date: _____</p> <p><small>Download resources to assist your practice's vaccine operation: <a href="http://www.immunize.org/pdft/p16001suppl.pdf">www.immunize.org/pdft/p16001suppl.pdf</a> • <a href="http://www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf">www.cdc.gov/vaccines/pdft/pubs/p16001suppl.pdf</a></small></p> <p><small>© Immunization Action Coalition • 1375 Valley Ave. • St Paul, MN 55104 • (612) 447-9339 • <a href="http://www.immunize.org">www.immunize.org</a> • <a href="http://www.immunizationinformation.org">www.immunizationinformation.org</a></small></p>	

“Standing orders 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.”

Advisory Committee on Immunization Practices (ACIP)



## 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 (the main, online immunizations database for Utah)
- Immunization Record Forms
- Declination Waivers
- Influenza Vaccination Rosters
- Immunization Record Cards

USIS is a free, confidential, web-based information system that maintains immunization histories for Utah residents of all ages. USIS 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 USIS

- Complete and mail the USIIS Provider Enrollment packet available at [www.usiis.org](http://www.usiis.org) or by calling (801) 538-9450
- Schedule training with the Utah Immunization Program

Immunization record forms can be downloaded from the Immunization Action Coalition (IAC) website at: [www.immunize.org/va/va29vac\\_record\\_adult.pdf](http://www.immunize.org/va/va29vac_record_adult.pdf)

# Vaccine Administration Record for Adults

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Chart number: \_\_\_\_\_

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 vaccination. Always provide or update the patient's present record card.

Vaccine	Type of Vaccine	Date given (MM/DD/YY)	Expiration date (MM/DD/YY)	Site	Vaccine	Vaccine Information Statement (VIS)	Vaccination signature or Patient's ID#	
					LSP	SN	Date on file? <input type="checkbox"/>	Date given? <input type="checkbox"/>
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., TD, Tdap) Give Tdap								
<b>Hepatitis A</b> (e.g., Heciv, Heciv-Right) Give Heciv								
<b>Hepatitis B</b> (e.g., Heciv, Heciv-Right) Give Heciv								
<b>Human papillomavirus</b> (HPV) (HPV-9) Give Gardasil								
<b>Measles, Mumps, Rubella</b> (MMR) Give MMR								
<b>Varicella</b> (Vaccines) Give Var								
<b>Pneumococcal polysaccharide (PPSV23)</b> (e.g., VNCV) Give VNCV								
<b>Meningococcal polysaccharide</b> (MPSV-9) (e.g., Menomune) (Give MPSV-9) Give MPSV-9								

See page 2 for record additions, notes, and other vaccines (e.g., travel vaccines).

**How to Complete This Record**

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine, including the route of administration.
- Record the brand/lot number of the vaccine given to either *F* (flu shots), *S* (shots), or *P* (pneumonia).
- Record the lot/serial number vaccine was administered (e.g., RA right arm, LA left arm, RT right thigh, LT left thigh, or IN intramuscular).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the state requirements of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccination that includes their name and address.
- Indicate the abbreviation for tetanus, DT is the abbreviation for diphtheria.
- For combination vaccines, fill in a row for each antigen in the combination.

Source: [www.cdc.gov/vaccines/imz/downloads/vis/vis-form.pdf](http://www.cdc.gov/vaccines/imz/downloads/vis/vis-form.pdf)

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www.aap.org/pediatrics/vis-form.pdf • Item #P2010-0010

## Immunization Rule Guidebook

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### 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. Cards and additional educational materials are available at: <https://immunize.utah.gov/order-educational-materials/>

### Lifetime immunization record cards

Vaccine Vacuna	Vaccine Type* (See other side) (Tipo de Vacuna*) (Vea el otro lado)	Dose Dosis	Date Given Fecha de Vacuna Month, Date, Year Mes, Día, Año	Doctor or Clinic Médico o Clínica	Date Next Día Próxima Vacuna
DTaP (Diphtheria, Tetanus, Pertussis) Difteria, Tétanos, Tosferina DT, DT, DT Hib		1 (2 mos)			
		2 (4 mos)			
		3 (6 mos)			
		4 (15-18 mos)			
		5 (4-6 yrs)			
Hib (Haemophilus influenzae type b) Haemophilus influenzae tipo b		1 (2 mos)			
		2 (4 mos)			
		3 (6 mos)			
		4 (12-18 mos)			
Polio (OPV or IPV) Poliomielitis (OPV o IPV)		1 (2 mos)			
		2 (4 mos)			
		3 (6-18 mos)			
		4 (4-6 yrs)			
Measles, Mumps, Rubella Sarampión, Paperas, Rubéola		1 (12-18 mos)			
		2 (4-6 yrs)			
Hepatitis A (See other side) Hepatitis tipo A (Vea el otro lado)		1 (12-18 mos)			
		2			
Hepatitis B Hepatitis tipo B		1 (birth)			
		2 (1 mo)			
		3 (6 mos)			
Varicella (Chickenpox) (See other side) Varicela (Vea el otro lado)		1 (12-18 mos)			
		2 (4-6 yrs)			
Rotavirus		1 (2 mos)			
		2 (4 mos)			
		3 (6 mos)			
Human Papillomavirus (HPV) (Papais) 9-26 years Virus del Papiloma Humano (VPH) 9-26 años		1			
		2			
		3			
Tdap (Tetanus, Diphtheria, Pertussis) or Td (Tetanus, Diphtheria) Every 10 years Tétanos, Difteria, Tosferina o Tétanos, Difteria Cada diez años		1			
		2			
		3			
		4			
Pneumococcal (PCV) or (PPV) (See other side) Neumocócica (PCV) o (PPV) (Vea el otro lado)		1			
		2			
		3			
		4			
Influenza (yearly) Influenza Gripe (Anualmente)		1			
		2			
Meningococcal Meningococcus		1			
Herpes Zoster		1			
HBIG (as needed)		birth			

Other* Otro*	Dose Dosis	Date Given, Fecha De Vacuna Month, Day, Year Mes, Día, Año	Doctor or Clinic Médico o Clínica	Date Due, Próxima Vacuna Month, Day, Year Mes, Día, Año

\*Use this section to record travel and other vaccinations. Consult with a travel vaccine specialist to determine which travel vaccinations you may need BEFORE traveling.  
 \*Use esta sección para registrar las vacunas para viajar y otras vacunas adicionales. Consulte con un especialista de vacunas de viaje para determinar qué vacunas necesita ANTES de viajar.

**PERSONAL IMMUNIZATION RECORD**  
**REGISTRO PERSONAL DE INMUNIZACION**  
 IMMUNIZATION HOTLINE 1-800-275-0659  
 WWW.IMMUNIZE-UTAH.ORG

Rev. 06/09

Name/Nombre y apellido \_\_\_\_\_

Date of Birth/Fecha de nacimiento \_\_\_\_\_

Address/Dirección \_\_\_\_\_

City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_

Allergies/Vaccine Reactions \_\_\_\_\_

Alergias/Reacciones adversas a las vacunas \_\_\_\_\_

This document may not be used to establish identity or as identification.  
 Este documento podría no ser usado para establecer la identidad o como una identificación.



## Long Term Care Immunization Report

### *Annual Long Term Care Immunization 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.

2021 IMMUNIZATION REPORT FOR LONG TERM CARE FACILITIES

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**PLEASE REMEMBER:** Report numbers should not be estimates. Your facility should have records to verify report information if requested. The report answers should reflect the vaccination status of all residents of facilities or occupants of beds in transitional care facilities and all employees for the entire period between October 1, 2021 and December 31, 2021, regardless of when the vaccines were given and regardless of whether vaccinations were received in the facility or elsewhere.

Most questions asking for a number cannot be left blank. Please type in a "0" if there is nothing to report. If you click the "SUBMIT" button and you are taken back to the top of the report, then the report was not complete and has not been submitted. Check the report again for red messages that indicate which questions still need completion. If you would like a copy of your completed report, return to the 'Welcome' page and click on "Print Final Report." You will be able to view and print out a copy of the completed report for your records.

If there are questions or problems with your report, please contact Cindy Wynette at: 385-266-6152 or [cwynette@utah.gov](mailto:cwynette@utah.gov).

Facility Name

\* must provide value

Facility's Full Address

\* must provide value

Number of Beds

\* must provide value

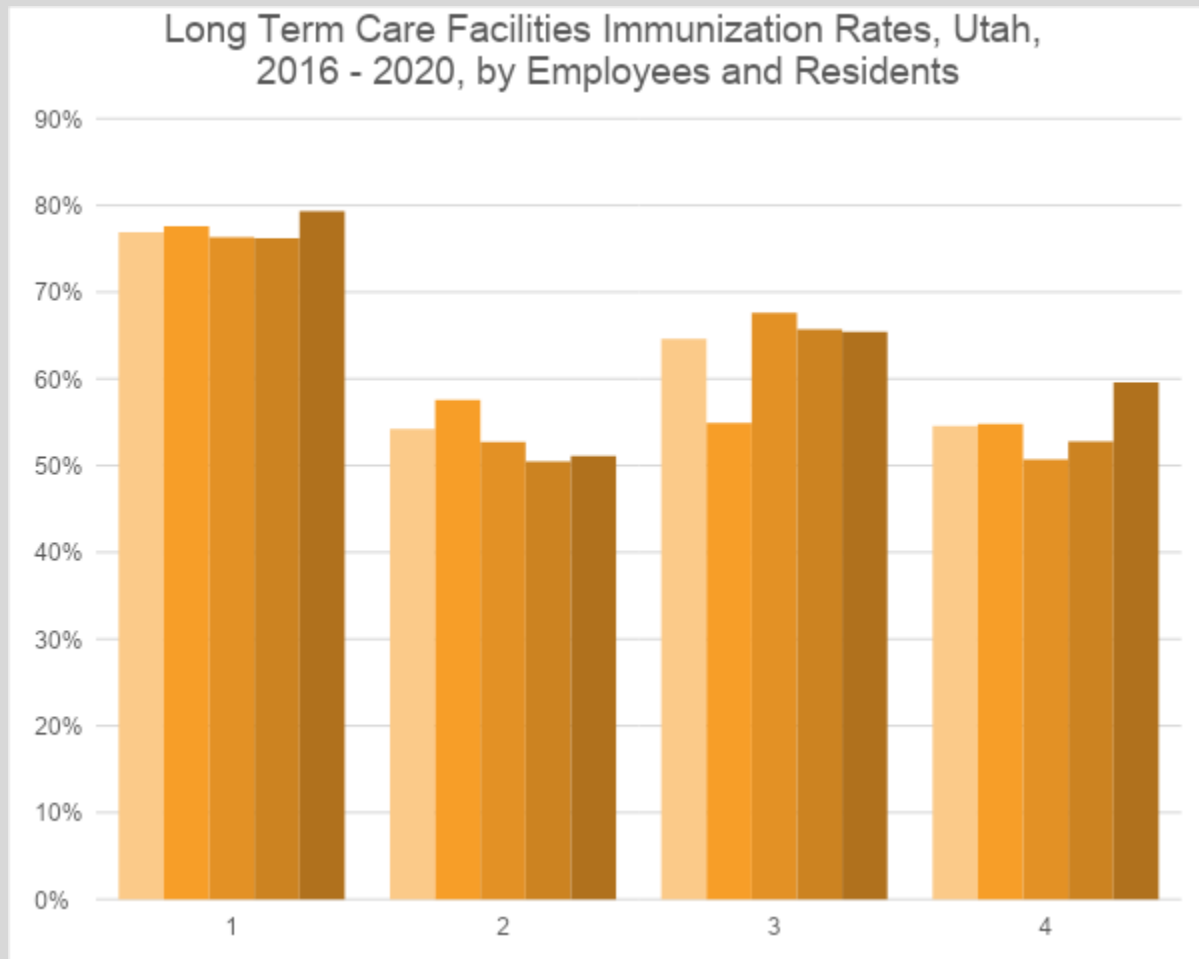
Person Completing Form

\* must provide value

## Immunization Measures for Long Term Care Facilities

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.

The chart below displays the most recent five years of immunization data collected by the Long Term Care Immunization Report.



Additional immunization measures for several populations in Utah can be found in the Annual Immunization Coverage Report at <https://immunize.utah.gov/information-for-the-public/utah-statistics/>.

# Vaccine Storage and Handling

## 5 Key Points to Properly Storing Vaccines

1. Store vaccines in a standalone 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.



## Refrigerator Temperature Logs

**Celsius (°C) Temperature Log** MONTH/YEAR: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

UNIT: \_\_\_\_\_ VFC PIN/USIS ID: \_\_\_\_\_

**ANY TEMPERATURES OUTSIDE MANUFACTURER RANGE MUST BE ADDRESSED AND REPORTED.**  
Please submit Action Documentation with Temperature Logs.

FRIDGE				FREEZER				ACTION DOCUMENTATION		OUT OF RANGE TEMPS:
Day of Month	Time	Temp Range: 2.0 - 8.0° C	In Range? Y/N	Temp Range: ≤ -15.0° C	In Range? Y/N	Out of Range? Y/N	Out of Range? Y/N	Out of Range? Y/N		
1									<p>2. Store the vaccine under proper conditions according to Vaccine Management Plan, as quickly as possible and label "Do Not Use."</p> <p>3. Calculate time vaccine was out of range from the last recorded in range temperature until the current time (or the time unit temperatures went back into range). Identify worst case scenario. See Emergency Response Worksheet for additional information.</p> <p>4. Call vaccine manufacturers to determine vaccine viability.</p> <p>5. For VFC Providers, notify the Utah Immunization Program at (801) 518-8455.</p> <p>6. Document incident, time, actions and manufacturer report, indicating where they can be found under "Action Documentation."</p> <p><b>ACTION DOCUMENTATION:</b></p> <p>If temperature is out of range, designate where action documentation is located. Action must be documented.</p> <p>Discussions are cumulative and should be reported to manufacturers when talking about viability.</p> <p>Refer to the Emergency Response Worksheet to determine what steps to take next.</p>	
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**Instructions:** Please use black or blue ink only. For each unit, write the maximum and minimum temperatures reached since the last clinic day when the temperatures were reset in the appropriate box that corresponds with the day of the month for your temperature check. Enter your initials and the time you monitored the temperature in the appropriate boxes. Temperatures should be recorded at beginning of each clinic day. If office is closed, designate on log. For systems that require a manual reset, this should be done by clinic staff after recording minimum temperatures each morning. For systems that automatically reset, clinic staff may need to assess temperatures spanning multiple days within data logger systems.

Temp Log Worksheet 2/18

Consistently taking temperatures twice a day morning and night is the most effective method of identifying inconsistent temperatures which helps safeguard against vaccine spoilage.

For printable temperature logs, visit:

## Immunization Rule Guidebook

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Fahrenheit: [https://immunize.utah.gov/wp-content/uploads/2019/10/Temperature\\_Log\\_F.pdf](https://immunize.utah.gov/wp-content/uploads/2019/10/Temperature_Log_F.pdf)

Celsius: [https://immunize.utah.gov/wp-content/uploads/2019/10/Temperature\\_Log\\_C.pdf](https://immunize.utah.gov/wp-content/uploads/2019/10/Temperature_Log_C.pdf)

## 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 are given out when certain vaccinations are given.

### Who must give out VISs?

All providers of vaccines both public and the private sector. VISs should be provided 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.

## Applicable Rules and Recommended Policies

### LTC Immunization Licensing Rule R432-40

#### **R432. Health, Health Systems Improvement, Licensing.**

#### **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 residents from vaccine preventable illnesses.

##### **R432-40-3. Definitions.**

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).



**R432-40-4. Policy and Procedures.**

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 opportunity 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 Disease Control and Prevention's Advisory Committee on Immunization Practice (ACIP) recommendations for influenza vaccine or for pneumococcal vaccine.

(2) For each resident and employee who is not immunized, the facility shall document in the resident's or employee'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.

**R432-40-7. Reporting of Data.**

By January 31 of each year, each long-term care facility shall report to the Utah Department of Health the number of residents who have received influenza and pneumococcal immunizations from May 1 to December 31 of the prior year, even if the resident is no longer in the facility.

**R432-40-8. Civil Money Penalty.**

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.

## **Epidemiology, Health Care Associated Infection Rule R386-705-3**

**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

## Recommended Immunization Employee Policy

[Agency/Employer Name and/or Logo]

### EMPLOYEE IMMUNIZATION 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\_\_\_\_\_

## Immunization Program Information

### 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

The 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 Utahans by striving to ensure that no Utahan suffers the consequences of vaccine-preventable diseases.

Disease Control and Prevention  
Bureau of Epidemiology  
Immunization Program

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<https://immunize.utah.gov/>

