

NHCP Vaccine Distribution Program Unit / Facility Enrollment Instructions

Welcome to the new Naval Hospital Camp Pendleton, Preventive Medicine Department Vaccine Distribution Program. This will be the first time your unit or facility will be enrolling into the program and with this office. These instructions should help make your registration easier. Once your registration forms are completed, please bring them in to the Preventive Medicine Office for acceptance at building H-143 located on the Naval Hospital complex between the hours of 0800 and 1600 Monday through Friday.

General Information

Your unit / facility is registering with and for the NHCP Vaccine Distribution Program. Please ensure that this submission includes a log documenting two weeks of temperatures on your main storage refrigerator / freezer. If you utilize more than one storage unit within your facility please include a separate sheet and indicate in the contract each one. Please designate via a number system which unit is what and how to identify them. List your facility name as you would like it to appear on your folder and with all correspondence in regards to immunizations.

** Contracts must be renewed / updated when:

1. The senior provider is no longer employed at the listed facility.
2. The majority of the trained providers are no longer with the facility.
3. Significant changes with the facility have happened requiring change.
 - a. Emergency / Power Outage Plan

*** There will be no more than 50 doses of a single vaccine kept on site longer than 48 hours with the exception of unit stand downs. When having a stand down, place orders and document the date of the stand down and the date the vaccines will be returned.

Any unit found to violate this standard will be subject to administrative penalties and notification of the units' specific major subordinate element Surgeon's Office and possible Commanding General notification.

**** The only exception is to the PPD and Smallpox vaccine which are issued in 100 dose vials.

Section 1: Vaccine Pick-Up Information

- List the person(s) who will be picking up vaccines.
- List the unit physical address (building # / area).
- Include telephone and fax numbers, as well as an e-mail address for each person.
- Ensure that ALL personnel designated to pick-up vaccines have been properly trained in accordance with NHCP standards.

Section 2: Type of Facility

- Please mark your type of facility. (BMC/RAS/BAS/PCM CLINIC)

Section 3: Patient Profile

- For each patient type and age category, document the number of people (estimated) who will receive vaccinations at your facility within a 12 month time span.

Section 4: Training Information / Requirements

- All providers designated to pick-up vaccines must meet the minimum requirements for training as outlined below:
 - Storage Temperatures and Monitoring
 - Transportation and Cold Chain Management
 - Expiration Date Control
 - Quantity Management and Necessity
 - Storage Facilities
 - Standard Operating Procedures Development
 - Administrative Duties
- These training topics will be provided by the NHCP Preventive Medicine Department in the form of a monthly ½ day training symposium. Once the majority of all the units / facilities and personnel are trained the course will go to a quarterly basis and increased as needed based on personnel flow.
- Certificates will be issued to the individuals, retained in the unit / facility immunizations folder and should be kept on file at the facility.
- Personnel in the proper uniform of the day, with an approved transportation container, paperwork and contract in place and with documented training should be the only ones picking up vaccines.
- Personnel who do not meet the above requirements will be asked to leave and return with someone who meets the criteria for vaccine transportation.

Section 5: Physician / Advanced Nurse Practitioner Registration

- The certifying physician or advanced nurse practitioner must read the Naval Hospital Camp Pendleton Vaccine Distribution Program contract terms. He/she must provide his/her name and other pertinent information for purposes of accountability and tracking. The provider must date and sign the contract in the designated area.

Section 6: Additional Vaccinators in the Facility

- List all vaccine providers that will be administering or picking up vaccines from the Naval Hospital Camp Pendleton Vaccine Distribution Program.
- Include each provider's Rank, Name, Title and Training completion date on the form provided. If a providers training is pending, write "pending" in pencil and call the program as soon as the training is completed. Failure to do so will result in the listed provider being unable to pick-up vaccine.

Section 7: Emergency Plan

- Fill in the emergency plan template provided or develop one of your own and submit with your certification. If the plan is inadequate and does not cover the basic items listed on the template, the contract may be rejected and your ability to procure vaccines halted until corrected.

If you have any further questions, please call the Preventive Medicine Departments Vaccine Supply Section at 760-725-1233/1270.

NHCP Vaccine Distribution Program Registration Form & Contract

(Refer to Supplemental Instructions for Additional Guidance)

Unit / Facility Name: _____

Please select one:

_____ This is my initial registration with the NHCP Vaccine Distribution Program.

_____ This is a renewal of my existing registration with the NHCP Vaccine Distribution Program.

Section 1: Vaccine Pick-Up Information

Provide a contact and the facility address or building number below.

Unit / Facility Contact and Title: _____

Unit / Facility Address (bldg #): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____ E-mail: _____

Special Instructions or additional information:

Additional Information for Second Point of Contact

Unit / Facility Contact and Title: _____

Unit / Facility Address (bldg #): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____ E-mail: _____

Personnel who come to pick up vaccines **MUST** be in the proper uniform of the day, with an approved transportation container, paperwork and contract in place and with documented training should be the only ones picking up vaccines. I am aware that personnel who do not meet the above requirements will be asked to leave and return with someone who meets the criteria for vaccine transportation.

Section 2: Type of Facility

Military: (Place an X near area that designates your services)

_____ Regimental Aid Station _____ Battalion Aid Station
_____ Deployment Processing Clinic _____ Group Aid Station

Beneficiary Clinics: (Place an X near area that designates your services)

_____ Branch Health Clinic _____ Family Practice Clinic
_____ Internal Medicine Clinic _____ Pediatric Clinic
_____ Occupational Medicine
_____ Family Medicine Clinic Oceanside

Section 3: Patient Profile

List the estimated number of patients receiving vaccines each year in your facility, by age group. For established facilities, please estimate this number using any available records for immunizations you have delivered in the last 12 months. New facilities should provide the number of patients you estimate will receive immunization services within the next 12 months. Accurately describing your facility allows us to determine how much vaccine you will need, and it serves as a basis for our funding to obtain the vaccine.

Patient Profile (# of patients / year in each age group)

Under 1 yr _____ 1-6 _____ 7 – 18 yrs _____ 19+ yrs _____
Retired + _____

Section 4: Training Information and Requirements

The following course segments will be taken by each member listed as a vaccinator on this contract.

- Storage Temperatures and Monitoring
- Transportation and Cold Chain Management
- Expiration Date Control
- Quantity Management and Necessity
- Storage Facilities
- Standard Operating Procedures Development
- Administrative Duties

Training will be attended and conducted by the Preventive Medicine Department of the Naval Hospital. All certificates issued will be kept on file with the Vaccine Program in the unit file and retained at the unit / facility immunizations room.

Section 5: Physician / Advanced Nurse Practitioner and HM Vaccinator Registration

1. I certify, in administering vaccine received from the NHCP Vaccine Distribution Program for use in my facility / unit. I will provide patients, parents and guardians a copy of the currently approved "Vaccine Information Statement" (VIS) as appropriate before administering each dose of vaccine. I will record the following information in the patients medical record or online medical records system i.e. AHLTA, MRRS.

- Type of Vaccine administered
- Date vaccine administered
- Manufacturer name and lot number of the vaccine
- Location and site of administration
- Method of administration (intranasal, ID, IM, SC)
- Signature and professional title of person administering the vaccine
- Address of the facility in which the vaccine is administered
- Statement on the issuance of the VIS

2. I will submit the required monthly reports on the current NHCP Immunization Program supplied forms:

- Vaccine Order Form
- Vaccine Order Form (Influenza)
- Vaccine Return Form
- Vaccine Usage Report
- Copies of temperature logs and / or thermometer graphs from the storage refrigerator(s) and freezer (s) used for vaccine storage.

I understand that my vaccine order will not be filled if the required reports do not accompany my vaccine request.

3. I understand that no more than 50 doses of a single vaccine will be kept on site in our vaccine storage refrigeration units. The only exception to this rule is in the event of a medical readiness stand down in which the Preventive Medicine Department will be notified in writing on the vaccine order form when the order is placed. I further understand that all vaccines remaining 48 hours after a stand down will be returned and any maintenance doses levels needed will be requested at that time.

4. I will return all spoiled or expired vaccines (including partial vials) to the NHCP Immunizations Program along with the completed Vaccine Return Form.

5. I will ensure that all vaccines are maintained at the appropriate temperatures as published in the vaccine product insert and in accordance with Naval Hospital Camp Pendleton instructions. I will ensure that the bulk vaccine storage temperatures are monitored and recorded at a minimum of twice daily and that refrigerator/freezer temperature logs and thermometer graphs are maintained for a minimum of three (3) years. I will have a plan in place to ensure that temperatures are also monitored and recorded at a minimum of twice daily on weekends and holidays through the use of unit or facility duty personnel *without exception*.

6. I will, in accordance with these guidelines, allow the NHCP Immunization Program personnel and the Preventive Medicine Department personnel access to my office for the purpose of conduction Quality Assurance Reviews.
7. {For Varicella vaccine only} I will ensure that:
 - My facility has a freezer (with a separate, sealed freezer door) that reliably will maintain an average temperature of +5* F (-15* C) or colder.
 - Facility staff are instructed in the special handling requirements of varicella vaccine, and the vaccine will be stored and handles according to the product insert.
8. I will ensure that my vaccine storage refrigerator is approved and of the commercial or laboratory-grade. However, household refrigerator/freezer units with dual controls also may be used to store vaccines. **Dormitory-style refrigerators are not authorized for vaccine storage.** Storage units must be free from any food or drink and labeled accordingly.
9. I will comply with the appropriate immunization schedule, dosage, and contraindications established by the MILVAX Agency, BUMEDINST 6230.15A, DHHS Advisory Committee of Immunizations Practices (ACIP) and the NHCP Vaccine Distribution Program.
10. I will comply with the NHCP Immunization Program Fraud, Waste and Abuse policy.
11. I will maintain a folder with all required information that mirrors that of the NHCP Vaccine Distribution Program to ensure correctness, completeness and accuracy of all orders. This will also enable the unit to maintain historical data on their vaccine program and keep track of all vaccine orders placed along with their status.

Physician / Advanced Nurse Practitioner Representing Facility
(print)

Date

Physician / Advanced Nurse Practitioner Representing Facility
(signature)

**Section 6: Additional Vaccinators in the Facility
Physicians / Nurses / Hospital Corpsman**

Facility Name: _____

Rank	Name: Last, First, MI (print or type)	Title	Training Completion Date

Section 7: Emergency / Power Outage Plan (template)

Person Responsible _____

Phone # _____ Cell # _____

Secondary Person _____

Phone # _____ Cell # _____

KEEP ALL REFRIGERATOR AND FREEZER DOORS CLOSED

(unless moving vaccines)

Mechanical Failure / Improper Temperature:

- If alternate storage is available within your facility, transfer vaccine to that storage unit.
- Prior to transporting vaccine, record the temperature of the refrigerator(s) and freezer(s). Move a thermometer or temperature monitoring device with the vaccine to continue to monitor temperatures while in transit and recode the temperatures of the vaccine.*

Power Outage / Natural Disaster

- If the building has lost electrical power, check with your area S-4 Office, building maintenance or facilities. If a generator is available, ensure that the generator is operational and has been activated.
- If alternative storage with reliable power sources is available, transfer to that facility can be considered.
- Follow instructions for Alternate Off-Site Storage (see below).

Alternate Off-Site Storage

- Contact your alternate facility listed below to notify them of your situation and the need to store vaccine at their location. If an alternate site is not feasible in your area please utilize the Preventive Medicine Department as your alternate site. List their contact information below.
- Prior to transporting the vaccine, record the temperature of the refrigerator(s) and freezer(s). Move a thermometer or temperature monitoring device with the vaccine to continue to monitor temperatures while in transit and recode the temperatures of the vaccine
- Transport the vaccine following the proper cold chain procedures for storage and handling.*

For all situations where vaccines may have been compromised, isolate and maintain vaccine at appropriate temperatures and do not administer or discard vaccine until you have contacted the NHCP Preventive Medicine Department at 760-725-1233/1270 or by pager at 760-293-0680.

Emergency Contact List:

OOD: _____ FMD: _____ S-4: _____

Refrigerator Repair: _____

Building Maintenance: _____

Temperature Alarm Monitoring Company: _____

Alternate Storage Facility: _____ Phone # Day: _____

Contact Name: _____ Evening #: _____

Other: _____

Emergency Supplies and Location:

Location of other storage units in facility: _____

Packing Materials for Transport: _____

Post Event:

Store vaccine within a working refrigerator/freezer marked "DO NOT USE"

Gather the following information:

- What happened i.e. power outage
- Which vaccines were involved, including number of doses, lot number and expiration date.
- Minimum/Maximum temperature and how long the vaccine was exposed to these temperatures.
- Contact the Preventive Medicine Department for vaccine incident report.

Contact the NHCP Preventive Medicine Dept. at 760-725-1233/1270 or 760-293-0680 for further instructions.



Naval Hospital Camp Pendleton Vaccine Distribution Program Fraud, Waste and Abuse Policy

Purpose

The purpose of this policy is to provide programmatic direction for the prevention of fraud and abuse in the utilization of vaccine provided to Military Health Care Facilities by the NHCP Immunization Program through our funding sources. The NHCP Immunization Program is required by the Commanding Officer to implement a fraud, waste and abuse prevention policy.

Given vaccine usage constraints relative to vaccine funding, vaccines provided by the NHCP Immunizations Program must be used according to the guidelines outlined for each specific vaccine. Misuse of vaccine may result in military legal action if fraud or abuse is determined to have occurred.

Definitions

Fraud is defined as “an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.” (42 CFR 455.2)

Abuse is defined as “provider practices that are inconsistent with sound, fiscal, business, or medical practices, and result in an unnecessary cost to the program or for services that are not medically necessary of that fail to meet professionally recognized standards for health care ...” (42 CFR 455.2)

Examples of Fraud, Waste and Abuse

Hoarding vaccines and keeping levels in excess of 50 doses of multiple vaccines.
Ordering vaccines above the required need or usage rate.
Excessive or repetitive vaccine spoilage or expiration due to negligence.

Assessment of Compliance

In order to receive vaccines, units / facilities enrolled in the program must submit patient profile and unit numbers. With each order providers must submit vaccine inventory data, usage data, return reports, and temperature logs and graphs for the bulk storage refrigerator/freezer. Every order submitted is compared to the units / facilities most recent patient profile and usage reports. NHCP Immunization Program staff examine each order through analysis of inventory data and usage data.

Unjustified excessive and/or repeated discrepancies between provider profile data, vaccine orders and vaccine usage will be identified by the NHCP Immunization Program staff. Suspected cases of fraud, waste and abuse will be determined and/or/ evaluated by the program and referred for further investigation as required by the guidelines of the program.

Referrals

The NHCP Immunization Program is required to report suspected cases of fraud, waste or abuse to the Commanding Officer, Naval Hospital Camp Pendleton, who may in turn notify and or involve the following agencies: Commanding Generals for the 1st MEF, 1st MHG, 1st MARDIV, 1st MLG and 3rd MAW.

Resolution

Determination of fraud, waste and abuse is made by the NHCP Immunization Program in conjunction with the parties above. Providers who are found to be engaged in these activities will have their certification and ability to receive vaccines inactivated. Reinstatement to the program will be contingent on the outcome of discussions or actions by the aforementioned entities. Final resolution may include the following interventions and are not all inclusive: remedial education, recoupment of funds, reinstatement without penalty, or referral for legal action and resolution.