COVID-19 Provider Interest Survey

Intro This survey is intended to gather basic information from facilities who may wish to participate in Utah's COVID-19 vaccine response.

Submission of this survey is NOT a guarantee of receiving COVID-19 vaccine from the State of Utah. Further action will be necessary to officially enroll as a COVID-19 Vaccination Program Facility, including completing a CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile. All COVID-19 vaccine providers must meet the requirements set forth in the CDC Provider Agreement. These requirements include, but are not limited, to:

- Reporting administered doses to Utah Statewide Immunization Information System (USIIS) within 24 hours of administration.
- Complying with all CDC vaccine storage and handling requirements, including temperature monitoring of vaccine storage units.
- Reporting the number of COVID-19 doses and adjuvants that were unused, spoiled, expired or wasted.
- Reporting moderate and severe adverse events following vaccination to the Vaccine Adverse Events Reporting System (VAERS).
  A full list of requirements and a checklist are available on the Utah Immunization Program's website.

Instructions:

- Please review the PDF version of this survey to collect all data elements before proceeding.
- Complete the interest survey for each clinic location within your organization. If multiple contacts in the clinic location received this form, please coordinate and submit only one survey.
- Once the survey is complete, hit the 'submit' button at the end. The Utah Immunization Program will review all submitted surveys and reach out to the contacts listed with the next steps.

Q1 Facility Information

○ Facility Name (1) _____

○ Facility Street Address (2) _____

○ City (3) _____

○ County (4) _____

○ State (5) _____

○ ZIP Code (6) _____

○ Phone Number (7) _____

Q2 Organization Affiliation (if applicable):

▼ N/A (27) ... Other (26)

Q3 Type of Facility:

▼ Not Selected (17) ... Other (16)

Q4 If other, what type of facility?

_____

End of Block: Facility Information

Start of Block: Contact Information

Q5 List 2 designated staff as the primary contacts responsible for all vaccine management activities and enrollment of this facility.

Q6 Primary Contact

○ First Name: (1) _____

○ Last Name: (2) _____

○ Title: (3) _____

○ Email: (4) _____

○ Direct Phone Number: (5) _____

Q7 Backup Contact

○ First Name: (1) _____

○ Last Name: (2) _____

○ Title: (3) _____

○ Email: (4) _____

○ Direct Phone Number: (5) _____

Q8 Does your facility have prescribing privileges to administer vaccines?

○ Yes (1)

○ No (2)

*

Q10 Healthcare Personnel - How many healthcare workers, including part-time and travel nurses, are employed at this facility?

_____

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Q11 Staffing Personnel - How many staff, excluding healthcare workers, are working at this facility? This number should include all personnel who might be vaccinated at your facility, including part-time workers, volunteers, etc.

_____

Q12 Population by Age Group Instructions: Report the number of patients served at this facility, by age group within the past 12 months.
0-18 : _____ (1)
19-64 : _____ (2)
65+ : _____ (3)
Total : _____

Q12 Population Served- These are the categories currently identified by CDC as being at increased risk for severe illness due to COVID complications.

Please complete the table below to tell us more about your patient population. (Check all that apply.)

☐ Healthcare workers exposed to COVID-19 patients (1)

☐ Patients in Long Term Care, Assisted Living or Skilled Nursing (5)

☐ Patients 65 years and older (4)

☐ Patients in correctional facilities or living in congregated housing facilities (23)

☐ Patients who are American Indian or Alaskan Native (16)

☐ Patients in Latino communities (19)

☐ Patients in African American communities (20)

☐ Patients who are farm/migrant workers (22)

☐ Patients who live in structurally marginalized communities (unhoused or undocumented) (18)

☐ Patients who are experiencing homelessness (24)

☐ Pregnant women (17)

☐ Children younger than 2 years old (15)

☐ Patients that are developmentally disabled (12)

☐ Occupational Health (21)

☐ Patients with underlying medical conditions (e.g. asthma, blood disorders, chronic lung disease, diabetes, heart conditions/cardiovascular disease, immunocompromised, kidney disorders/dialysis, neurological conditions, or obesity) (6)

✳

Q13 Based on current staffing, roughly how many individuals could you vaccinate in a week?

_____

Q14 What type of units does your facility have to store vaccines? (Check all that apply.)
*Note: Combination household and dormitory units are not acceptable due to fluctuation in temperatures.

	Refrigerator (2 to 8 C)			Freezer (-20 C)			Ultra Low Freezer (-60 to -80 C)		
	Stand Alone (1)	Combination (2)	N/A (3)	Stand Alone (1)	Combination (2)	N/A (3)	Stand Alone (1)	Combination (2)	N/A (3)
Household (1)	○	▢		○	▢		○	▢	
Pharmaceutical/Purpose Built (2)	○	▢		○	▢		○	▢	
Other (3)	○	▢		○	▢		○	▢	

Q15 How many 10-dose multi-dose vaccine vials will your facility be able to store in each cold storage type? Include only space available beyond regular and influenza vaccines.
Refrigerator (2 to 8 C) : _____ (1)
Freezer (-20 C) : _____ (2)
Ultra Low Freezer (-60 to -80 C) : _____ (3)
Total : _____

Q16 Does your facility have a certified, calibrated data logger for each unit?

○ Yes (1)

○ No (2)

Q17 Does your facility have access to USIIS?

○ Yes (1)

○ No (2)

Q18 If you do not have access to USIIS, you will need to enroll by completing the necessary forms found at https://immunize.utah.gov/usiis/usiis-provider-facilities/.

Q19 Administration data will be required to be submitted to USIIS within 24 hrs. of administration. How will your facility accomplish this?

☐ Interface with medical record vendor (EHR) (1)

☐ Manually enter patient data to USIIS (2)

☐ Upload spreadsheet to USIIS (3)

☐ Other (4)

Q20 For other, please describe.

_____

_____

Q21 You have completed all the information that is needed at this time. Once you press 'Submit', the survey will be sent to the Utah Immunization Program to review. If there is anything that needs to be corrected, please press the back buttons before pressing 'Submit'.

For any questions, please contact the Utah Immunization Program at 801-538-9450 or COVIDVaxInquiry@utah.gov. Thank you.