

The Iowa Department of Public Health,
Bureau of Disease Prevention and Immunization
Presents

Vaccine University
October/November 2012

Locations and Dates:

- October 23rd - Creston:** Greater Regional Medical Center, 1700 W Townline Street, D.V. Richardson Conference Room
October 25th - Sioux City: St. Luke's Regional Medical Center, 2720 Stone Park Blvd., Auditorium
October 26th - Mason City: Mercy Medical Center-North Iowa, West Campus, 1000 4th Street SW, WC 1- West Conference Room
October 30th - Decorah: Winneshiek County Memorial Hospital, 901 Montgomery Street, Conference Rooms B2-B3
November 2nd - Marengo: Marengo Memorial Hospital, 300 W May St, Meeting Room
November 5th - Ottumwa: Ottumwa Regional Health Center, 1001 Pennsylvania Ave, Conference Room A&B
November 8th - Spencer: Spencer Municipal Hospital, 114 East 12th Street, Maple Conference Room
November 9th - Council Bluffs: Alegent Health Mercy Hospital, 800 Mercy Drive, Rotunda
November 14th - Des Moines: Iowa Methodist Medical Center, 1415 Woodland Ave, Kelly Conference Room
November 16th - Dubuque: Mercy Medical Center, 250 Mercy Drive, Auditorium

Training Topics:

Speakers will share the latest information regarding vaccine administration, schedule use, vaccine storage and handling, VFC eligibility and screening requirements, vaccine ordering and Economic Order Quantity requirements and immunization requirements. This event also provides attendees an opportunity to network with healthcare professionals involved with immunization and vaccine preventable diseases.

Objectives:

Attending the conference will enable the participant to:

Vaccine 101:

1. Identify proper use of the recommended immunization schedule and catch-up schedule.
2. Discuss basic requirements for beginning vaccination, contraindications and precautions, dosing, recommended intervals, and grace period.
3. Apply knowledge of immunization schedule to determine vaccination need on an individual case basis.

Protect Your Vaccine – Protect Your Patients:

1. Describe components of a vaccine storage and handling plan.
2. Identify correct vaccine storage temperatures and appropriate handling of vaccine.
3. Understand the recommendations for vaccine management as outlined in the 2011 Vaccine Storage and Handling Guide.
4. Discuss action steps to protect vaccine in a clinic setting.

Vaccines for Children Program Updates:

1. Understand VFC eligibility and screening requirements
2. Discuss vaccine ordering and Economic Order Quantity (EOQ) requirements

Iowa Immunization Requirements:

1. Describe the immunization certificates allowed under Iowa law.
2. Discuss licensed childcare and school immunization requirements.

Presenters:

Teresa Thornton, RNC
Bethany Kintigh, RN, BSN
Tina Patterson
John Fiedler, RN
Sharon Kasper
Sharon Monroe, RN, BSN
Alison Monsma, RN, BA

Agenda:

9:30 – 10:00 am Registration
10:00 – 10:15 am Welcome and Introductions
10:15 – 11:45 am Vaccine 101
11:45 – 12:00 pm Break/Serve lunch
12:00 – 12:45 pm Vaccines for Children Program Updates
12:45 – 1:30 pm Protect Your Vaccine – Protect Your Patients
1:30 – 2:00 pm Iowa Immunization Requirements
2:00 – 2:30 pm Q & A
2:30 pm Adjourn

Registration

This conference is offered free of charge. Registration will include course materials and continuing education credits for nurses, pharmacists and CMA's who are members of the American Association of Medical Assistants (AAMA). Certified Medical Assistants who are not members of the AAMA are eligible for continuing education credits at a cost of \$5.00 paid by the participant. Registration will be closed one week prior to each training.

Who should attend:

This conference is designed to be of interest to a diverse field of health care professionals including: pharmacists, nurses, certified medical assistants, medical assistants, office and support staff, administrative staff, medical and nursing students, and anyone who is responsible for vaccine accountability, storage and handling or administration.

Continuing Education Credits

Nursing:

Application has been submitted to The Department of Human Services for approval. Iowa Provider #94.

Application has been submitted for nurses attending the Sioux City site through St. Luke's Regional Medical Center for approval. Iowa Provider #40.

Pharmacists:

Pharmacist CEU's have been applied for through The Iowa Pharmacy Association

Certified Medical Assistants:

CMA CEUs have been applied for through the American Association of Medical Assistants.

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Register online at www.trainingresources.org

Or fax (515) 309-3317 or mail attached registration form to Training Resources, 705 East 2nd Street, Des Moines, Iowa 50309. Confirmation will be sent electronically to those who provide an email address and register by the deadline. Directions to each site are available online at www.trainingresources.org

Continuing Education

Upon completion of the following:

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Sponsor

This program is sponsored by the Iowa Department of Public Health, Bureau of Disease Prevention and Immunization.

Conference Information

Casual dress is appropriate. Participants are reminded to bring a sweater or jacket as the temperature in the meeting room may vary.

For additional information, contact Training Resources at www.trainingresources.org or (515) 309-3315.

**The Iowa Department of Public Health, Bureau of Disease Prevention and Immunization
Presents:
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Registration Form**

Registration deadlines are one week prior to each training.

Register online at www.trainingresources.org.

***Required fields for registration. Please create your own username and password for registration for this conference.**

Date Completed _____ *Username _____ *Password _____

*First Name _____ *Last Name _____ MI _____

*Agency _____ *Job Title _____

*Work Address (Street) _____ Work Address (PO Box, Suite) _____

Work Address (Building) _____ *Work City _____

*Work State _____ *Work Zip+4 _____ *Work County _____

*Work Phone () _____ Ext _____ Work Fax () _____

Work Email (please print) _____ @ _____

Home Address (Street) _____ Home Address (PO Box, Ste, Apt) _____

Home Address (Building) _____ Home City _____ Home State _____

Home Zip+4 _____ Home County _____

Home Phone () _____ Home Fax () _____

Personal Email (please print) _____ @ _____

Preferred Address (Work/Home) _____ Preferred Email (Work/Personal) _____

If you would like to receive CEUs please select from the following:

Nursing License Number _____

CMA License Number _____

Pharmacist License Number _____

Special Needs Specification _____

*Are you a state employee? Yes / No _____ Last two digits of SS# _____

Choose one of the following training sites:

- | | | | |
|--------------------------|------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | October 23: Creston | <input type="checkbox"/> | November 5: Ottumwa |
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*First Name _____ *Last Name _____ MI _____

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*Work Address (Street) _____ Work Address (PO Box, Suite) _____

Work Address (Building) _____ *Work City _____

*Work State _____ *Work Zip+4 _____ *Work County _____

*Work Phone (_____) _____ Ext _____ Work Fax (_____) _____

Work Email (please print) _____ @ _____

Home Address (Street) _____ Home Address (PO Box, Ste, Apt) _____

Home Address (Building) _____ Home City _____ Home State _____

Home Zip+4 _____ Home County _____

Home Phone (_____) _____ Home Fax (_____) _____

Personal Email (please print) _____ @ _____

Preferred Address (Work/Home) Preferred Email (Work/Personal)

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