GUIDANCE FOR MODIFYING NON-PATIENT SPECIFIC STANDING ORDERS IN NEW YORK STATE

DISCLAIMER

This guidance document does not constitute legal advice and is not a substitute for independent legal counsel. Questions about standing order requirements should be directed to the New York State Education Department. Before issuing a modified non-patient specific standing order, please contact your legal counsel.

BACKGROUND

Non-patient specific standing orders and protocols (hereinafter, "standing orders") are a recommended, evidenced-based practice that increases vaccination coverage for both children and adults. The Immunization Action Coalition ("IAC") has developed a series of template standing orders for those vaccines that are routinely administered to adults and children. IAC's template standing orders are reviewed by immunization experts at the Centers for Disease Control and Prevention (CDC).

However, IAC's standing order templates should be modified to conform to the regulations of the New York State Department of Education. Attached to this document is a markup of an IAC standing order template, indicating where suggested modifications should be made, in accordance with the guidance below.

Please ensure that the most up-to-date version of IAC's standing orders are used, and that standing orders are only used for those immunizations for which they are permitted pursuant to New York State Education Law available at http://www.op.nysed.gov/prof/nurse/nonpatient-specific-orders-and-protocols.htm.The most current versions of IAC's template standing orders can be accessed on the IAC website at www.immunize.org/standing-orders.

GUIDANCE FOR MODIFYING STANDING ORDERS

Sections (A) through (E) below correspond to annotations (A) through (E) in the attached mark-up of IAC's template standing order.

(A) Policy Section

Suggested—Replace strike-out language in the IAC standing order template with one of the following, as applicable:

1. Registered professional nurses (RNs) employed by or under contract with **[insert name of organization legally authorized by the New York State Education Department to employ or contract with RNs to provide nursing services[1]]** who are currently

[1] All RNs immunizing children in accordance with non-patient specific orders and protocols must be employed by, or act as an agent of, the Visiting Nurses Association or an equivalent organization legally authorized to provide nursing services as determined by the New York State Education Department or by a State, county, municipal, or other government entity.

certified in cardio-pulmonary resuscitation (CPR) by a program of the American Red Cross, the American Heart Association, or an equivalent organization acceptable to the New York State Education Department may administer **[insert name of vaccine[2]]** to patients under this non-patient specific order and protocol. RNs are limited under this order to administering this vaccine only in the course of their employment or pursuant to a contract with **[insert the name of the organization listed above]**. RNs must maintain or ensure the maintenance of a copy of the non-patient specific order(s) and protocol(s) prescribed or ordered by the licensed physician or certified nurse practitioner authorizing them to administer this vaccine and applicable anaphylactic agents.

—OR—

2. The following registered professional nurses (RNs) who are currently certified in cardio-pulmonary resuscitation (CPR) by a program of the American Red Cross, the American Heart Association, or an equivalent organization acceptable to the New York State Education Department may administer **[insert name of vaccine[3]]**, which has been authorized by **[insert the name of authorizing party]**.

   Last Name _____ First Name _____ License No. _____
   [insert additional names, as necessary]

   RNs must maintain or ensure the maintenance of a copy of the non-patient specific order(s) and protocol(s) prescribed or ordered by the licensed physician or certified nurse practitioner authorizing them to administer vaccines and anaphylactic agents.

(B) Vaccine Information Statements Section

Suggested—Add the following language after the language in the IAC standing order template:

Inform each patient of potential side effects and adverse reactions, orally and in writing, prior to immunization. Obtain consent to administer vaccine from the patient. In the case of a minor patient, the person who is legally responsible for such patient shall give prior written consent to administer the vaccine, or shall be in attendance when the vaccine is administered and have given prior consent to administer vaccine.

(C) Document Vaccination Section

Suggested—Replace strike-out language in the IAC standing order template with the following:

Document the following administration and follow-up information as provided below:

Medical Record: Record the patient's name, the date the vaccine was administered, the name of the vaccine, the vaccine manufacturer and lot number, the vaccination site and route, address of administering site, the name and title of the person administering the vaccine, and recommendations for future immunizations. You must also document (in the

[2] Refer to NYSED's website for a list of child and adult immunizations that can be administered under a non-patient specific order and protocol available at http://www.op.nysed.gov/prof/nurse/nonpatient-specific-orders-and-protocols.htm.

[3] Id.

medical record or office log), the publication date of the VIS and the date it was given to the patient. If vaccine was not administered, record the reason(s) for non-receipt of vaccine (e.g., medical contraindication, patient refusal, etc.) This information must be recorded and maintained in accordance with 8 NYCRR section 29.2(a)(3), which provides that "unless otherwise provided by law, all patient records must be retained for at least six years" and "obstetrical records or records of minor patients must be retained for at least six years, and until one year after the minor patient reaches the age of 21 years."

Signed Certificate of Immunization: Record the patient's name, date of vaccination, name and location of the administering clinic, name of administering nurse, name of vaccine, manufacturer and lot number of vaccine, and recommendations for future immunizations. This must be given to the patient or the person legally responsible for such patient (where applicable).

New York State Immunization Information System (NYSIIS): For all individuals under the age of 19 and with verbal or written consent for individuals 19 years of age and older, document administration of vaccine in NYSIIS.

Communicate the information provided to the patient to the patient's primary care provider, if one exists and with the consent of the patient or the patient's legal representative.

(D) Medical Emergencies Section

Suggested—Add the following language to the language in the IAC standing order template:

Additionally, RNs shall be responsible for having emergency anaphylaxis treatment agents, related syringes, and needles at the location of the administering clinic.[4]

(E) Provider Authorization Section

Suggested—Replace strike-out language in the IAC standing order template with the following:

This non-patient specific order and protocol shall remain in effect for all patients of **[insert name of practice/clinic]** from the order beginning date of _____ until _____ or until rescinded, whichever occurs first.

Signed: _____ License No. _____ Date: _____
[insert printed name of licensed physician or certified nurse practitioner here]

[4] A registered professional nurse shall be authorized to administer anaphylaxis treatment agents for the emergency treatment of anaphylaxis pursuant to a non-patient specific order and protocol prescribed by a licensed physician or certified nurse practitioner. The registered professional nurse shall either maintain or ensure the maintenance of a copy of the non-patient specific order and protocol to administer these agents.

See suggested citation on page 3.

STANDING ORDERS FOR
Administering Influenza Vaccine to Children and Adolescents

Purpose

To reduce morbidity and mortality from influenza by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

(A) Suggested: Replace strike-out language with applicable language from guidance document.

~~Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate children and adolescents who meet any of the criteria below.~~

NOTE: Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2017–18 influenza season. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.

Procedure

1 Assess Children and Adolescents for Need of Vaccination against influenza

- All children and teens 6 months of age and older are recommended to receive influenza vaccination each year.
- A second dose of influenza vaccine is recommended 4 weeks or more after the first dose for children age 6 months through 8 years if they have not received 2 doses in previous years (not necessarily in the same season).

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

Do not give influenza vaccine to a child or adolescent who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Contraindications only for use of live attenuated influenza vaccine (LAIV4; FluMist, nasal spray)

Do not give live attenuated influenza vaccine (LAIV4; nasal spray) to a child or adolescent who:

- is pregnant
- is age 2 through 4 years who has received a diagnosis of asthma or who has experienced wheezing or asthma within the past 12 months, based on a healthcare provider's statement or medical record
- has immunosuppression (including that caused by medications or HIV)
- is age 2 through 17 years and is on long-term aspirin or salicylate-containing therapy
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours
- is a close contact of or who provides care for a severely immunosuppressed person who requires a protective environment

Precautions for use of all influenza vaccines

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination

Precautions for use of LAIV only

- Age 5 years or older with asthma
- Other chronic medical conditions that might predispose the person to complications of influenza infection (e.g., other chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

NOTE REGARDING PATIENTS WITH EGGS ALLERGY: People with egg allergy of any severity can receive any licensed

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Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3074a.pdf • Item #P3074a (9/17)

and recommended influenza vaccine (i.e., any inactivated influenza vaccine [IIV] or recombinant influenza vaccine [RIV]) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, the selected vaccine should be administered in a medical setting (e.g., health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3 Provide Vaccine Information Statements

(B) Suggested: Add applicable language from the guidance document after the language below.

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Infants age 6 through 11 months	22–25	1"	Anterolateral thigh muscle
Age 1 through 2 years	22–25	1–1¼"	Anterolateral thigh muscle
		5/8*–1"	Deltoid muscle of arm
Age 3 through 10 years	22–25	5/8*–1"	Deltoid muscle of arm
		1–1¼"	Anterolateral thigh muscle
Age 11 years and older	22–25	5/8*–1"	Deltoid muscle of arm
		1–1½"	Anterolateral thigh muscle

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

For vaccine that is to be administered intranasally or intradermally, prepare the vaccine according to directions in the package insert.

5 Administer Influenza Vaccine according to the age of patient and desired route of vaccination described below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS*
Inactivated influenza vaccine (IIV)	6–35 months	Fluzone: 0.25 mL FluLaval: 0.5 mL	Intramuscular (IM)	Administer vaccine in anterolateral thigh muscle; alternatively, children age 12 through 23 months may receive injection in deltoid muscle.
Inactivated influenza vaccine (IIV)	3 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle or, alternatively, in anterolateral thigh muscle.
IIV-intradermal	18 through 64 years	0.1 mL	Intradermal (ID)	Insert needle of the microinjection system at a 90 degree angle in the deltoid area.
Cell culture-based IIV (ccIIV)	4 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	Healthy, age 2 years and older	0.2 mL (0.1 mL into each nostril)	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

NOTE: For children age 6 months through 8 years who are receiving influenza vaccine for the first time or who have had a total of only one influenza vaccine dose in all previous years, administer two doses separated by at least 4 weeks.

* For complete instructions on how to administer influenza vaccine, see "How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines" at www.immunize.org/catg.d/p2024.pdf.

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6 Document Vaccination

(C) Suggested: Replace strike-out language with applicable language from the guidance document.

~~Document each patient's vaccine administration information and follow up in the following places:~~

~~***Medical record:*** Document 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. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.~~

~~***Personal immunization record card:*** Record the date of vaccination and the name/location of the administering clinic.~~

~~***Immunization Information System (IIS) or "registry":*** Report the vaccination to the appropriate state/local IIS, if available.~~

7 Be Prepared to Manage Medical Emergencies

(D) Suggested: Add applicable language from the guidance document.

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. For IAC's "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

(E) Suggested: Replace strike-out language with applicable language from the guidance document.

~~This policy and procedure shall remain in effect for all patients of the~~ _____ ~~NAME OF PRACTICE OR CLINIC~~

~~effective~~ _____ ~~DATE~~ ~~until rescinded or until~~ _____ ~~DATE~~~~.~~

~~Medical Director~~ _____ ~~PRINT NAME~~ ~~/~~ _____ ~~SIGNATURE~~ _____ ~~DATE~~

Suggested Citation: Adapted from the Immunization Action Coalition standing order templates: www.immunize.org/standing-orders