

INFORMATION PAPER

DHA-IHD
19 May 2020

SUBJECT: Standing Orders for Vaccine Delivery

1. Purpose. To provide an overview of Standing Orders for vaccine delivery within the DoD.
2. Facts.
 - a. In the United States, federal law prohibits dispensing human vaccines or immune globulins without a prescription of a practitioner licensed by law to administer such drug (Federal Food, Drug, and Cosmetic Act, 21USC 353, 21CFR 610.60[a] [6]).
 - b. Standing Order programs authorize the administration of immunizations based on approved protocols without the need for a written physician order or referral from a primary care provider.
 - c. Standing Orders are written protocols that delineate the circumstances under which appropriately trained healthcare personnel, other than a privileged provider, can engage in the legal practice of medicine. Standing Orders describe the specific type of medical practice that will be delegated, delineate the procedures that personnel must follow, identify the patient population that may be served, specify the level of provider supervision required, and govern the locations where the services may occur.
 - d. Standing Orders are intended to remove administrative barriers to immunizations that are routinely administered in low-risk settings. They are recommended for use by properly trained health care personnel working within their scope of practice as determined by their license and each Service and/or the Defense Health Agency (DHA). Individuals must be trained in screening patients for contraindications, administering vaccines, and monitoring patients for adverse events in accordance with DoD, United States Coast Guard, and Centers for Disease Control and Prevention (CDC) guidelines. Training standards include documentation of comprehensive orientation and annual refresher training IAW Service and/or DHA requirements.
 - e. Standing Orders do not dictate immunization requirements. Rather, they provide guidance by the privileged physician with medical oversight over the immunization activity to the immunization personnel, for the vaccines administered by that activity. As such, Standing Orders facilitate high quality immunization healthcare by reducing unnecessary

barriers. DoD vaccine requirements are established by DoD Health Affairs, the Multi-Service Regulation on Immunizations and Chemoprophylaxis, as well as the various Service-specific polices and Combatant Commands' force health protection policies.

- f. Successful Standing Order programs for immunizations should include protocols that:
 - (1) Identify persons eligible for vaccination based on age, vaccination status, occupational or travel requirements and/or medical conditions that put them at high risk for infection.
 - (2) Provide adequate information to patients or their guardians regarding the risks and benefits of a vaccine (e.g., Vaccine Information Statements) and documentation of that information in compliance with Federal, DoD, and Service-specific guidelines.
 - (3) Record patient refusals or medical and administrative exemptions in the appropriate, Service-specific Immunization Tracking System (ITS) and the individual medical record.
 - (4) Document vaccine administration within DoD and Service-specific ITS (e.g., MEDPROS (Army), ASIMS (Air Force), MRRS (Navy, Marine Corps), SAMS (ships afloat)) and any post-vaccination adverse events to the Vaccine Adverse Event Reporting System. Immunizations and adverse events should also be documented in the patient's Electronic Health Record.
 - (5) Address a quality assurance process to maintain appropriate standards of care for immunization delivery by health care personnel.

- g. A Standing Order must be available for every vaccination that is administered without an individual order made by a privileged provider. The smallpox vaccine, ACAM2000, is ineligible to have standing orders, as each individual must be screened by a privileged provider to ensure there is not a contraindication to administration of this unique vaccine.

- h. Standing Orders must be signed by a privileged physician with medical oversight over any clinic or activity that administers immunizations. In order to remain valid, standing orders must be renewed at least annually, or changes in oversight responsibilities, vaccine administration methods, and/or when updates in vaccine recommendations are made by the CDC's Advisory Committee on Immunization Practices.

- i. Examples of Standing Orders (not all-inclusive) may be found at [https:// health.mil/standingorders](https://health.mil/standingorders).

3. References.

- a. Army Regulation (AR) 40-562, BUMEDINST 6230.15B, AFI 48-110_IP, CG COMDTINST M6230.4G, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 October 2013.
- b. Kroger AT, Duchin J, Vázquez M. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP): Vaccine Programs. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>. Accessed on 20 May 2020.
- c. Immunization Action Coalition. Using Standing Orders for Administering Vaccines and Standing Order Templates. <http://www.immunize.org/standing-orders/>. Last updated 12 Dec 2018.
- d. Centers for Disease Control and Prevention. Adult Immunization programs in nontraditional settings: quality standards and guidance for program evaluation – a report of the NVAC and Use of Standing Orders programs to increase adult vaccination rates: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000; 49(RR01); 15-26.
- e. National Vaccine Advisory Committee. Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. Public Health Reports. March-April 2014. Volume 129.
- f. Federal Food, Drug, and Cosmetic Act, 21USC 353, 21CFR 610.60 [a][6].
- g. Multiple resources assembled by DHA-IHD: <https://www.health.mil/vaccines>.

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