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
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.

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.
3. References.


g. Multiple resources assembled by DHA-IHD: https://www.health.mil/vaccines.

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