

Appendix B Standards for Military Immunization

B–1. Standard #1: immunization availability

- a.* Ensure immunizations are available when required to minimize disruption of deployment or training schedules.
- b.* Ensure immunizations are available at convenient times, without unnecessary barriers and are available on a walk-in basis, as staffing permits. As clinically appropriate, administer any vaccine doses required simultaneously to avoid missed immunization opportunities.
- c.* Ensure immunization services are responsive to the needs of beneficiaries.
- d.* Review the vaccination status of all beneficiaries at every health care visit to determine which vaccines are indicated.
- e.* Implement standing orders if written orders are unavailable. Standing orders must address vaccine dosage and administration, contraindications and precautions, and documentation procedures. Ensure standing orders are signed by the privileged physician who has medical oversight of the clinic.

B–2. Standard #2: vaccine information and vaccinee education

- a.* Educate beneficiaries about the benefits and risks of vaccination in a culturally appropriate manner and at an appropriate education level.
- b.* Prior to vaccination, provide all parents/guardians and vaccinees the most current Vaccine Information Sheets (VISs) for each vaccine as mandated by Federal law (42 USC 300aa-26). Allow sufficient time to discuss any concerns or questions as noted by the vaccinee. Ensure VISs are accessible and visible in the patient waiting area of the clinic or activity that provides immunizations.
- c.* Prior to each vaccination provide all potential vaccinees the opportunity to read the current DOD and/or FDA mandated vaccine information brochure. Additional education requirements may be required as outlined in vaccination policy.
- d.* Ensure immunization personnel are readily available to accurately answer patients' immunization questions and concerns about vaccines. Ensure personnel have ready access to immunization information resources.

B–3. Standard #3: vaccine storage and handling

- a.* Ensure staff members adhere to cold-chain management principles during administration, transportation, and storage. Ensure up-to-date, written cold-chain management protocols are accessible at all locations where vaccines are stored.
- b.* Implement temperature monitoring processes at any clinic or activity that administers immunizations. All vaccine storage devices should have a calibrated thermometer and alarm systems that are visually monitored at a minimum of twice a day.
- c.* The CDC's National Center for Immunization and Respiratory Diseases strongly recommends that providers draw vaccine only at the time of administration to ensure that the cold chain is maintained and that vaccine is not inappropriately exposed to light. Do not pre-draw doses; draw them when they are needed.

B–4. Standard #4: indications and contraindications

- a.* Screen each patient for allergies, health status, recent vaccinations, and previous vaccine adverse events before immunization. Provide each patient an opportunity to ask questions about potential contraindications. Refer patients for appropriate medical evaluation, as needed.
- b.* Screen each patient's immunization record to determine vaccine needs or requirements.
- c.* Ensure staff members document any contraindication to an immunization in the health record and ITS. Screen all women for pregnancy status.

B–5. Standard #5: immunization recordkeeping

- a.* Record immunizations accurately in a DOD and USCG-approved electronic ITS according to Service-specific policy at the time of immunization, or no later than 24 hours after administration of immunization. Transcribe all historical immunizations into the immunization tracking system.
- b.* Recommend any clinic or activity that administers immunizations has one or more mechanisms for notifying patients when the next dose of an immunization series is needed (a reminder system) or when doses are overdue (recall system). Reminder and recall systems may be automated or manual and may include mailed, emailed, or telephone messages.
- c.* Record all military personnel immunization information in an electronic ITS immunization record. All Services must record military immunization data into an electronic database that communicates with a centralized DOD registry.

B-6. Standard #6: immunization personnel training

a. Ensure all persons who administer vaccines, including immunization augmentees, are appropriately trained and work within their appropriate scope of practice as determined by Service policies.

b. Immunization training must meet a standard acceptable to the MTF commander, command surgeon, or other appropriate medical authority. Training will include vaccine storage and handling; vaccine characteristics; recommended vaccine schedules; patient screening; contraindications; vaccine administration techniques; and treatment and reporting of adverse events to include anaphylaxis, vaccine benefit and risk communication, and documentation and management.

c. Ensure personnel who administer vaccines complete a comprehensive immunization orientation and annual continuing education that addresses training standards and competency of vaccine related topics based on an individual's role in administering and/or handling vaccines. Individuals who routinely administer vaccines should complete at least 8 hours of training annually. Training resources include resident courses, self-paced online training programs, and video training (see table B-1).

Table B-1
Training standards

Medical standard or procedure	Physicians and medical directors	Immunizers	Chapter and appendix paragraph locations
Quality patient care and delivery of immunizations			
Properly trained in accordance with DOD, Service, USCG, and Centers for Disease Control and Prevention (CDC) guidelines and act within their scope of practice as determined by each Service.	B ¹ , A ²	B, A	1-4c(1)
Understands standing order procedures for administering immunizations including dose, route, time indication, contraindications, and so forth.	B, A	B, A	2-1b and B-1
Demonstrates the ability and knowledge to screen individuals for contraindications, hypersensitivities, allergies, and so forth, before administering vaccines.	B	B, A	2-1d and B-4
Understands and adheres to immunization dosing and interval schedules.	B	B, A	2-1e and B-6
Understands how to properly document exemptions from further immunization in the ITS (DD Form 2766C), on the DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), and/or in other relevant paper-based immunization records.	B	B, A	2-6, 2-7, and B-4
Patient information and education before immunization			
Understands the purpose of and legal requirements for making VISs available to vaccine recipients.	B	B, A	2-7d(2) and B-2
Understands how to document the date of the VIS in the ITS when documenting an immunization given.	B	B, A	2-7d(3) and B-2
Vaccine storage and handling			
Trained in cold-chain management principles and procedures.	B, A	B, A	2-3 and B-3
Demonstrates how to read a vaccine package insert for storage and handling requirements.	B	B, A	2-3 and B-3
Understands proper reporting procedures for vaccine storage and handling losses.	B, A	B, A	2-3f and B-3
Emergency care and adverse-event reporting			
Basic cardiopulmonary resuscitation and the administration of epinephrine.	B, R ³	B, R	2-9b and B-6
Knows how to use the emergency equipment available for treating an anaphylactic reaction. Ensures medications in kit are not expired.	B	B, A	2-9c and B-6
Demonstrates the ability to initiate anaphylactic reaction treatments per protocol.	B	B, A	2-9c and B-6
Understands the procedure for documenting an adverse event after an immunization.	B	B, A	2-10d and B-7

Table B-1
Training standards—Continued

Knows how to submit a Vaccine Adverse Event Reporting System (VAERS) Form 1.	B	B, A	2-10 <i>d</i> and B-7
Comprehends DOD's Clinical Guidelines for Managing Adverse Events after Immunization.	B, A	B	2-10 and B-7
Understands how to handle and administer specific vaccines			
Military and civilian personnel eligible to receive smallpox vaccine will be educated before immunization regarding criteria for exemption from immunization, expected response at the vaccination site, vaccination-site care, risks of spreading vaccinia to close contacts, and other relevant topics.	B, A	B, A	4-15
Immunization record keeping (documentation)			
Trained to accurately document immunizations, historical immunization data, and medical exception codes in ITS.	B	B, A	2-6 <i>a</i> and <i>b</i> , 2-7, and B-5
Training			
Demonstrates understanding of and ability to follow this multi-Service publication and other pertinent references such as DOD, USCG, and CDC guidance in the performance of duties.	B, A	B, A	1-5

Notes:

¹ B=baseline or initial training

² A=annually

³ R=as required

d. Ensure persons who administer vaccines have ready access to information resources regarding current recommendations for childhood, general adult, travel, and military-specific immunizations.

B-7. Standard #7: adverse events after immunization

a. Epinephrine (such as auto-injectable epinephrine) must be properly stored and readily available at all vaccination locations along with other supplies determined locally to manage adverse events (see para 2-9). Ensure all immunization personnel are trained to administer epinephrine.

b. Provide easy access to telephones or radios to persons who administer vaccines for summoning emergency medical personnel. Medical providers document adverse events in the health record at the time of the event or as soon as possible thereafter.

c. Report all clinically significant adverse events after vaccination to VAERS. Provide staff members with ready access to reporting options for the VAERS.

d. Develop a quality improvement process to assure adverse events are reported to VAERS promptly.

B-8. Standard #8: vaccine advocacy to protect the military Family

a. Develop a mechanism at the MTF level to determine the extent of influenza and pneumococcal immunization coverage among its high-risk patients. Develop a plan to optimize vaccination uptake and coverage.

b. Implement a plan to optimize immunization rates among cardiac, pulmonary, diabetic, asplenic, and other patient groups at elevated risk of complications from vaccine-preventable infectious diseases.

c. Conduct a quality improvement program to optimize the performance in immunizing children, adolescents, and adults against the preventable infections that most threaten them.

d. Ensure commanders use immunization databases to identify and resolve the vulnerabilities of their units.

e. All health care providers (not just those in any clinic or activity that administers immunizations) should routinely determine the immunization status of their patients, offer vaccines to those for whom they are indicated, and maintain complete immunization records.