# Standing Orders for Administering Inactivated Polio Vaccine (Adult)

**Purpose:** To reduce morbidity and mortality from poliomyelitis by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

**Procedure:**

1. Identify persons ≥18 years of age in need of vaccination against poliovirus based on the following criteria:
    - Routine poliovirus vaccination of adults in the United States is not necessary. Most adults have a minimal risk for exposure to polioviruses and are immune as a result of childhood vaccination. Vaccination is recommended for certain adults who are at greater risk for exposure to polioviruses than the general population, including the following:
        - basic trainees and other accessions personnel*
        - military personnel outside of accessions settings**
        - travelers to areas or countries where polio is epidemic or endemic
        - members of communities or specific population groups with disease caused by wild polioviruses
        - laboratory workers who handle specimens that might contain polioviruses
        - healthcare workers who have close contact with patients who might be excreting wild polioviruses
        - unvaccinated adults

***Note: *Receipt of the primary series of IPV may be assumed unless there is a reason to believe otherwise (e.g., childhood spent in a developing country, childhood immunizations not received, etc.)***

*****Due to the high level of childhood immunization against the disease, do not screen immunization records for polio immunity after Initial Entry Training except during an outbreak or for clinical purposes***

2. Screen all patients for contraindications and precautions to inactivated polio vaccine (IPV):

    **Contraindications:**
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to a vaccine component (to include neomycin, streptomycin, or polymyxin B)
    - For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

**Precautions:**

- Moderate or severe acute illness with or without fever
- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Provide IPV (IPOL®) as follows:
   - Basic trainees and other accessions personnel: 1 dose
   - Individuals traveling OCONUS for > 4 weeks: 1 dose within 12 months of **DEPARTURE FROM** a polio-affected area (check with latest Force Health Protection guidelines or see CDC Traveler's Health for updates)
   - Unvaccinated adults: a 3-dose series (0, 1-2 and 6-12 months)
   - Administer 0.5mL intramuscularly in the deltoid muscle for adults

| **Needle Length and Injection Site of IM Injections for Adults** | | |
|---|---|---|
| Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass. | | |
| **Age Group** | **Needle Length** | **Injection Site** |
| Men and Women (<130 lbs) | 1 inch† | Deltoid Muscle of Arm |
| Men and Women (130-152 lbs) | 1 inch | |
| Men (152-260 lbs) | 1-1.5 inches | |
| Women (152-200 lbs) | | |
| Men (> 260 lbs) | 1.5 inches | |
| Women (>200 lbs) | | |

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

5. If three doses of IPV cannot be administered within the recommended intervals before protection is needed, the following alternatives are recommended:
   - If >8 weeks before protection is needed: 3 doses at least 4 weeks apart
   - If 4 – 8 weeks before protection is needed: 2 doses at least 4 weeks apart
   - If <4 weeks before protection is needed: 1 dose

6. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

8. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at https://vaers.hhs.gov.

9. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date