10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction

Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (rare event) occur.

Having standing orders in place **streamlines your practice workflow** by eliminating the need to obtain an individual physician's order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistently effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

While this guide focuses on implementing standing orders for influenza vaccination, the basic principles included can be used to implement standing orders for other vaccines and for any age group desired.

Standing orders are **straightforward to use**. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: *Get Ready* – Build Support of Leadership

STEP 1 Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

Standing orders will:

- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.

It is important to get buy-in from physician and nurse leadership from the start.

Medical Director – This person is responsible for signing the standing orders protocols or supervises the clinician who signs them, so it is critical that he/she agrees with the need for standing orders and supports their use.

Clinician – Determine which clinician will review and sign the standing orders protocols for the practice.

Providers – Identify issues that might lead to any resistance among other providers.

Nurse Leaders – Involve nurse leaders in the planning from the start. Nurses are the key players in implementing and carrying out standing orders programs.

If possible, determine the influenza vaccination rate in your practice *prior* to meeting with leadership. Measured vaccination rates are inevitably lower (sometimes much lower) than perceived rates. Lower-than-expected vaccination rates will help support the need for a standing orders program.

As appropriate for your medical setting, you also may want to discuss the standing orders protocols with your legal counsel to be sure they comply with all applicable state requirements.

STEP 2 Identify the person who will take the lead and be in charge of your standing orders program.

- In most practices, the lead person will be a nurse, nurse practitioner, or physician assistant.
- The lead person must be an influential leader who has medical knowledge, understands the standing orders protocols, and is able to answer questions about them from other staff members.
- The lead person must be **motivated** to protect patients by improving the adult vaccination levels in your practice – **a true immunization champion**.

STEP 3 Reach agreement about which vaccine(s) your practice will administer using standing orders.

It may be best to start using standing orders only for influenza vaccine if you have not implemented standing orders previously. Later, when staff are trained and know how standing orders work, you can expand their use to additional vaccines. Standing orders work well for improving coverage for child, adolescent, and adult vaccines.

Completing Phase 1 means you are on your way. You have buy-in from your medical director and clinicians, buy-in from nurse leadership, have identified your **immunization champion** to lead the effort, and have decided on the vaccines you want to provide. Now you're ready to move to Phase 2.

Phase 2: *Get Set* – Develop Materials and Strategies

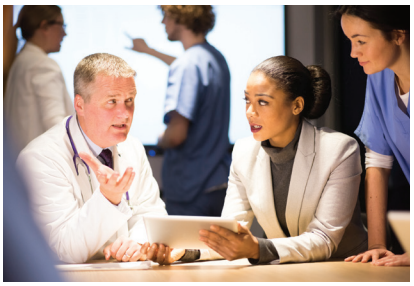
STEP 4 Create standing orders protocols for the vaccine(s) you want to administer.

- Don't reinvent the wheel! The Immunization Action Coalition (www.immunize.org) has standing orders templates for all routinely recommended vaccines available to download at www.immunize.org/standing-orders. IAC standing orders are reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy. You may use IAC's standing orders templates as written, or you may modify them to meet your practice's needs.

- Have the standing order(s) reviewed and signed by the medical director or clinician responsible for the program.

NOTE: Immunization Action Coalition (IAC) also has standing orders templates available for managing vaccine reactions, which include the administration of medication. These templates are available at www.immunize.org/catg.d/p3082.pdf for adults and at www.immunize.org/catg.d/p3082a.pdf for children.

STEP 5 Hold a meeting to explain your new standing orders program to all staff members.



- It is crucial that all staff understand the program because they will all be involved directly or indirectly.
- To get buy-in from staff, you will need to explain WHY you are starting this program. Some of the reasons are shown in the box below:

Why are we starting a standing orders program?

- Disease should be prevented whenever possible, and vaccines can do this.
- Our patients are counting on us to keep them healthy.
- Adult vaccination rates in the United States are low and significant racial and ethnic disparities exist.
- Vaccination levels among adults are inadequate in most practices.
- Standing orders have been demonstrated to streamline the assessment and delivery of immunizations in medical practices.
- The burden of disease as a result of vaccine-preventable diseases is seen not only in increased morbidity and mortality, but also in increased costs to the health care system.

- Review how standing orders work and the specific protocols and procedures with all staff members who will be involved.

STEP 6 Determine the role various staff members will play in implementing/using standing orders.

Here are some general and specific questions that will help you plan:

WHO in your practice:

- is eligible under state law (RNs, pharmacists, others?) to assess a patient's vaccination needs and provide vaccinations using the standing orders protocols?
- can help determine the need for a patient to be vaccinated? (For example, the receptionist or the person who rooms patients can inquire if they have had their influenza vaccine yet this season.)
- will check the patient's chart to find out if they need vaccinations?
- will provide screening checklists for contraindications and precautions to patients, and who will review the patients' answers. (available at www.immunize.org/handouts/screening-vaccines.asp) Can these questions be added to your electronic medical record (EMR)?

(CONTINUED) **WHO** in your practice:

- will give Vaccine Information Statements (VISs) (legally required documents given before vaccination) to patients? (www.immunize.org/vis)
- will administer the vaccine?
- will ensure the patient's personal record is updated and given to the patient?

WHAT is the role of:

- the front desk staff? How can they help?
- the nurse?
- the medical assistant?

WHERE in your practice:

- will vaccine be administered?
- will vaccine administration information be recorded (e.g., EMR, paper document in medical chart, state/local immunization information system or "registry")? If you don't use an EMR and don't already have a medical record chart form for vaccination, you can use the Immunization Action Coalition's record forms for adults (www.immunize.org/catg.d/p2023.pdf) or children (www.immunize.org/catg.d/p2022.pdf).

STEP 7 Determine your standing orders operational strategy.

Review your existing vaccination services logistics. Are there ways to improve patient vaccination and flow and to maximize your office immunization rates?

Here are some proposed modifications to consider:

- Assess the influenza vaccination status of every patient who enters the office by asking the patient directly and checking the chart.
- Consider providing vaccinations in an easy-to-access site in your practice, separated from the normal traffic pattern through the office.
- Consider offering vaccinations under standing orders on a walk-in basis.
- Discuss expanding your vaccination services when using standing orders. For example, can you:
  - Hold vaccination clinics on evenings or weekends?
  - Have "nurse-only" visits for vaccination?
  - Offer "express" service for vaccination during regular office hours for both patients with appointments and those who are "walk-ins"?
- If you use an EMR, consider whether the standing orders protocols and screening questionnaires can be added as prompts within your existing system.
- If viable in your clinic setting, determine your current immunization rates so you will be able to measure your improvements after implementing standing orders.

STEP 8 Identify strategies and publicize your program to your patients.

Your enhanced vaccination program is of more value if your patients know the service is available.

- Review your current methods for contacting patients, e.g., appointment reminders, laboratory results, prescriptions, online communications, text messaging, etc. Can these methods also be used to tell patients about their need for vaccination and the availability of a convenient new program?
- Consider whether your existing communication systems are sufficient to inform patients about enhanced vaccine availability.
- Implement reminder/recall systems. (A reminder system notifies the patient of an upcoming appointment. A recall system contacts a patient who misses an appointment and encourages them to reschedule.) Your state/local health department often can help you with ideas on how to do this.
- Here are strategies for informing and identifying patients who need vaccines:
  - At each visit, inform all patients about when they should come for influenza vaccine.
  - Email or text the information.
  - Put a notice about the program on the practice's website, if applicable.
  - Use social media (such as Facebook or Twitter).
  - Place advertisements in local media.
  - Use promotional mailings.
  - Add promotional telephone messages or "on hold" messaging.
  - Place appropriate signs and posters in the office.

Materials You Will Need to Have on Hand

All these materials are FREE on the IAC website:
www.immunize.org

- A copy of the signed standing orders protocol at your fingertips for each vaccine you plan to use (templates available at www.immunize.org/standing-orders)
- Adult and child contraindication screening checklists to help you determine if there is any reason not to vaccinate your patient (available at www.immunize.org/catg.d/p4065.pdf and www.immunize.org/catg.d/p4060.pdf)
- Vaccine Information Statements for all vaccines you plan to administer (available in English and additional languages at www.immunize.org/vis)
- Adult and child vaccine administration record forms, if you don't use an electronic medical record (EMR) and don't already have a medical record chart form (available at www.immunize.org/catg.d/p2023.pdf and www.immunize.org/catg.d/p2022.pdf)
- Information on how to report vaccinations to your state/local immunization information system (registry) if one is available. (See www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html)
- To give to your patients: a personally-held vaccination record card (available for purchase at www.immunize.org/shop/record-cards.asp) or a printed copy of the vaccine administered, including the date it was given.

Completing Phase 2 has helped you to get your standing orders logistics figured out. You have determined who will do what, and when they will do it. You have made your patients aware of enhanced vaccine availability. Time to move to Phase 3.

Phase 3: *Go!* – Make It Happen

STEP 9 Start vaccinating!

Make sure the nursing and medical staff have all the tools they need to run a successful vaccination program. Listing all these materials is beyond the scope of this guide, but topics can include proper storage and handling of vaccines, vaccine administration techniques, strategies to avoid vaccine administration errors, documentation requirements for administering vaccines, and materials to help answer questions of vaccine-hesitant patients. Visit www.immunize.org/clinic for many helpful resources.

STEP 10 Review your progress.

As with all quality improvement activities, it's wise to review your standing orders program shortly after it begins, check in with staff each week until it's running well, and then every few months until the end of influenza vaccination season. Compare the number of doses of vaccine you gave this season with a season before your standing orders program was put in place. Hold a staff meeting to get input from everyone involved in the program to find out what went right and how the program could be improved for next season. Consider whether you are ready to expand your use of standing orders to additional vaccines.

Congratulations on implementing standing orders in your practice! Both you and your patients are now benefitting from this proven method to streamline your office practice while improving your patients' quality of care.

Using Standing Orders for Administering Vaccines: What You Should Know

The use of standing orders for vaccination facilitates the delivery of immunization services to patients in clinics, hospitals, and community settings.

Standing orders have been shown to increase vaccination coverage rates.

▼ Go to **www.immunize.org/standing-orders** for the most current versions of sample standing orders.

What are standing orders?

Standing orders authorize nurses, pharmacists, and other appropriately trained healthcare personnel, where allowed by state law, to assess a patient's immunization status and administer vaccinations according to a protocol approved by a medical director in a healthcare setting, a physician, or another authorized practitioner. Standing orders work by enabling assessment and vaccination of the patient without the need for clinician examination or direct order from the attending provider at the time of the interaction. Standing orders can be established for the administration of one or more specific vaccines to a broad or narrow set of patients in healthcare settings such as clinics, hospitals, pharmacies, and long-term care facilities.

Who recommends standing orders for vaccination?

The Community Preventive Services Task Force (Task Force): The Task Force[1] recommends standing orders for vaccinations based on strong evidence of effectiveness in improving vaccination rates:

1. in adults and children,
2. when used alone or when combined with additional interventions, and
3. across a range of settings and populations.

Read the full Task Force Finding and Rationale Statement at www.thecommunityguide.org/findings/vaccination-programs-standing-orders.

The Centers for Disease Control and Prevention (CDC): CDC's Advisory Committee on Immunization Practices (ACIP) specifically recommends standing orders for influenza and pneumococcal vaccinations and several other vaccines (e.g., hepatitis B, varicella). See *Use of Standing Orders Programs to Increase Adult Vaccination Rates: Recommendations of the ACIP. MMWR* 2000;49 (No. RR-1) at www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a2.htm.

What are the elements of a standing order?

A comprehensive standing order should include the following elements:

1. Who is targeted to receive the vaccine;
2. How to determine if a patient needs or should receive a particular vaccination (e.g., indications, contraindications, and precautions);
3. Procedures for administering the vaccine (e.g., vaccine name, schedule for vaccination, appropriate needle size, vaccine dosage, route of administration);
4. Provision of any federally required information (e.g., Vaccine Information Statement);
5. How to document vaccination in the patient record;
6. A protocol for the management of any medical emergency related to the administration of the vaccine; and
7. How to report possible adverse events occurring after vaccination.

Who is authorized to administer vaccines under standing orders?

Each of the 50 states separately regulates physicians, nurses, pharmacists, and other health-related practitioners. For further information about who can carry out standing orders in your state, contact your state immunization program or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

Who is authorized to sign the standing orders?

In general, standing orders are approved by a medical director in a healthcare setting, a physician, or another authorized practitioner. State law or regulatory agency might authorize other healthcare professionals to sign standing orders.

What should be done with the standing orders after they have been signed?

Signed standing orders should be kept with all other signed medical procedures and protocols that are operational in one's clinic setting. A copy should also be readily available for clinic staff who operate under those standing orders.

Do standing orders need to be renewed (e.g., yearly)?

Generally, standing orders will include an implementation date as well as an expiration date. Periodic review of standing orders is important, because vaccine recommendations may change over time.

Where can I find sample standing orders?

The Immunization Action Coalition has developed templates of standing orders for vaccines that are routinely recommended to children and adults. They are updated as needed and reviewed for technical accuracy by immunization experts at CDC. The most current versions can be accessed by going to www.immunize.org/standing-orders.

FOOTNOTE

1 The Task Force was established in 1996 by the U.S. Department of Health and Human Services to identify population health interventions that are scientifically proven to save lives, increase lifespans, and improve quality of life. The Task Force produces recommendations (and identifies evidence gaps) to help inform the decision making of federal, state, and local health departments, other government agencies, communities, healthcare providers, employers, schools, and research organizations. For more information, see www.thecommunityguide.org/index.html.

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www.immunize.org/catg.d/p3066.pdf • Item #P3066 (12/18)

STANDING ORDERS FOR
Administering Influenza Vaccine to Children and Teens

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

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.

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 or don't know if they have received 2 doses in prior years (not necessarily in the same season).
- A second dose is needed for a 9-year-old child who received one dose in the current season when they were age 8 years, if they have not or don't know if they have received 2 doses in prior years.

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 any influenza vaccine or or to any of its components (except egg). For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) 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 (LAIV; FluMist, nasal spray)

Do not give live attenuated influenza vaccine (LAIV; 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
- is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- is age 6 months through 17 years and is receiving aspirin- or salicylate-containing medicine
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir, baloxavir, or peramivir) 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 EGG ALLERGY: People with egg allergy of any severity can receive any recommended and age-appropriate influenza vaccine (i.e., inactivated influenza vaccine [IIV], recombinant influenza

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vaccine [RIV], or LAIV]) that is otherwise appropriate for their health status. Most influenza vaccines (except RIV and cell-cultured IIV) are egg cultured and may have trace amounts of egg protein. For people with a history of reactions to egg involving any symptom other than hives (e.g., angioedema or swelling, 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

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

* Preferred site.

** 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 LAIV, which is administered intranasally, 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	Afluria: 0.25 mL Fluarix: 0.5 mL FluLaval: 0.5 mL Fluzone: 0.25 mL or 0.5 mL	Intramuscular (IM)	Administer vaccine in anterolateral thigh muscle; alternatively, children age 12 through 35 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.
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 1) are receiving influenza vaccine for the first time, 2) have had fewer than two prior doses of influenza vaccine in all previous years, or 3) don't know their influenza vaccine history, administer two doses separated by at least 4 weeks.

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

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6 Document Vaccination

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

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the 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). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) 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

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 in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For IAC's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.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

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)