

DRAFT TEMPLATE

Standing Order and Protocol for Influenza and Pneumococcal Vaccination: *dates when in effect (xx, xx, 20xx to xx xx, 20xx)*

In accordance with New York State Department of Education regulations (8 NYCRR §64.7) I am prescribing this standing (non-patient specific) order and protocol. Registered Nurses employed by the *name of the agency/employer, clinic, facility, or practice* are authorized to administer influenza and pneumococcal vaccine and anaphylaxis treatment agents, including epinephrine for the emergency of treatment of anaphylaxis, as set forth below.

These nurses are authorized to administer the influenza and pneumococcal vaccines and anaphylaxis treatment agents only in the course of their employment with *name of the agency/employer, clinic, facility, or practice*.

A. Non-Patient Specific Orders:

1. **Administer seasonal influenza vaccine 0.5ml intramuscular (IM) injection** to all persons *specify age* years of age and older who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to seasonal influenza vaccine which include: serious allergic reaction to a vaccine component (specific concern re: eggs) or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or a current antimicrobial therapy.

Pregnant women should receive seasonal influenza trivalent inactivated vaccine (TIV) (“flu shot”) from a single dose vial or pre-filled syringe if it is available.

- a. If seasonal influenza vaccine from a single dose vial is not available, obtain verbal consent to administer thimerosal containing seasonal TIV to pregnant women and document.
 - b. If consent can not be obtained for thimerosal containing vaccine, do not vaccinate with thimerosal containing vaccine.
2. **Administer seasonal influenza intranasal vaccine 0.2 ml**, 0.1 ml sprayed in one nostril followed by 0.1ml sprayed in other nostril x1 to all persons *specify age* through 49 years of age and older who have provided consent and do not fail the assessment , per incorporated protocol. Persons will be screened for contraindications to seasonal influenza vaccine which include: serious allergic reaction to a vaccine component (specific concern re: eggs) or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or a current antimicrobial therapy. Consent and Screening questionnaire will be reviewed for contraindications to seasonal influenza intranasal spray.
 - a. Does the person to be vaccinated have a long term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders?

- b. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs?
- c. Is the person to be vaccinated receiving aspirin therapy or aspirin containing therapy and under the age of 19?
- d. Is the person to be vaccinated in close contact with someone who is severely immunocompromised (such as someone in a bone marrow transplant unit of a hospital)?
- e. Does the person to be vaccinated have certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems, or a history of Guillain-Barre Syndrome (GBS)?
- f. Has the person to be vaccinated received any other live virus vaccination in the past 28 days, such as MMR and varicella?
 - i. If answer of yes is given to any of these questions then the inactivated vaccine will be given.
 - ii. If answers to the following questions are all no then the intranasal will be given.
 - iii. If seasonal influenza intranasal vaccine 0.2 ml is unavailable, administer inactivated influenza vaccine 0.5ml IM.
- g. If the person is pregnant or could be pregnant within the next month then the inactivated vaccine will be given.
- h. If the person is on Tamiflu (oseltamivir phosphate) then the inactivated vaccine will be given.

3. **Administer PPSV 0.5ml IM or subcutaneous (SC) injection** to all persons *specify age* years of age and older with an indication for PPSV who have not previously received PPSV and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to PPSV which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or a current antimicrobial therapy.

a. Indications for PPSV include:

- i. Persons 65 years of age or older with no or unknown history of prior receipt of PPSV
- ii. Persons age 2-64 years with no or unknown history of prior receipt of PPSV and any of the following conditions:
 - Cigarette smoker
 - Chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
 - Chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
 - Diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
 - Functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
 - Immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)

- Immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
- Organ or bone marrow transplantation
- Chronic renal failure or nephrotic syndrome
- Candidate for or recipient of cochlear implant

- b. Identify adults in need of a second (and final) dose of PPSV if five or more years have elapsed since the previous dose of PPSV and the recipient meets one of the following criteria:
- i. Persons 65 years of or older and received prior PPSV vaccination before age 65 years
 - ii. At highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories B. 4-9 above)

4. **Administer Epinephrine as adult Epi-pen** 0.3 mg IM if person being vaccinated exhibits symptoms of a severe allergic reaction or anaphylactic reaction: hives, itching, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure. Call 911 immediately following administration of Epi-pen.

Signature: _____ Date: _____

Name of physician or nurse practitioner: _____

Title: _____

Institution/facility: _____

NYS License #: _____

NPI #: _____