

ADMINISTERING VACCINATIONS AT OFFSITE LOCATIONS

Purpose: To reduce morbidity and mortality for all vaccine-preventable diseases by administering routinely recommended vaccines to children and adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy: As allowed by state law, standing orders enable eligible healthcare professionals (e.g. pharmacists, nurses) to assess the need for and vaccinate children, teens, and adults who meet any of the criteria below. This document serves as the official standing orders that define the process of providing vaccinations to clients at offsite locations in Spokane County for both routine and emergency purposes coordinated through Spokane Regional Health District (SRHD).

Procedure:

General Information:

- SRHD-coordinated clinics, or clinics conducted with SRHD Vaccines for Children (VFC), 317 vaccine, or privately-purchased vaccine supply, should provide all vaccine services at no-cost. SRHD and partners do not need to collect patient insurance information as SRHD is not contracted with third party payers for reimbursement. SRHD does seek Medicaid reimbursements if indicated on the patient consent form.
- All immunizations are to be given per this policy and the immunization guidelines set forth by the Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control (CDC), and the Washington State Department of Health (DOH).
- These policies and procedures are to be reviewed annually and signed by the Health Officer.
- Washington State Law requires children be age-appropriately immunized prior to entry into licensed childcare or school.
- All vaccinators must be affiliated with a group that has a current Memorandum of Understanding (MOU) or Collaborative Drug Therapy Agreement (CDTA) to vaccinate under the Health Officer's license. This includes, but is not limited to:
 - SRHD Public Health Liaison volunteers
 - Eastern Washington Medical Reserve Corps
 - Washington State University College of Nursing Faculty and approved students
 - Washington State University College of Pharmacy Faculty and approved students
 - Spokane Community College Medical Assistant Program Faculty and approved students
 - Gonzaga University School of Nursing and Human Physiology Program Faculty and approved Students
 - Licensed healthcare professionals that complete one-day SRHD volunteer registration
- Routine vaccinations will be provided for patients 2 years and older. Emergency vaccinations, if age-indicated, will be given to patients 6 months and older.
 - CDTA with WSU College of Pharmacy permits students with no pediatric vaccination skills training to administer vaccines to patients 6 years and older. Students that have completed pediatric vaccination skills training are permitted to vaccinate 6 months and older.
- All clients will be screened for precautions or contraindications prior to vaccination. Contraindications identified by ACIP will be strictly followed.
- Any volunteers serving in a medical capacity must sign the event volunteer sign-in sheet; it is best practice to obtain names and affiliations of all present volunteers.
- SRHD staff must collect all paperwork for one-day volunteers and submit to Human Resources (HR) post event.

Obtaining Consent Prior to Vaccination:

- Consent must be obtained from the patient or the parent/legal guardian of the patient prior to administration of any vaccine.
- All patients or parent/guardians must be offered a current CDC Vaccine Information Statement (VIS) and the SRHD Privacy Statement prior to vaccination. The SRHD Privacy Statement can be posted at the event but paper copies must be available in the event an attendee wishes to take a copy.
- If the patient is under the age of 18, consent must be obtained from a parent/guardian unless the person requesting vaccination meets certain qualifications indicated below. Refer to [RCW 26.28.010](#), , and [RCW 7.70.065](#) for additional information.
 - Adult brothers and sisters of the patient
 - The individual to whom the minor's parent has given a signed authorization to make healthcare decisions for the minor patient
 - If consent is obtained via another adult with a signed note from the parent, have the adult sign the encounter form and write "caregiver" with an initial on the encounter form.
 - Minors 13 and older deemed as "Mature Minors" by a healthcare professional (a young person determined to have the maturity to provide his or her own consent for treatment). If the "Mature Minor Doctrine" rule is applied, any decisions made must be documented with the healthcare professional name, date of service, and the criteria that the healthcare professional deemed applicable to invoke the Mature Minor rule.
 - Any person 14 and older can consent to Hepatitis B and Human Papillomavirus (HPV) vaccination ([Smith v. Seibly, 72 2n.2d 16](#)).
- If the Mature Minors rule does not apply, or is not invoked, for unaccompanied patients under 18 years of age, parent or guardian consent can be obtained in the following ways:
 - Contact parent/guardian via phone and offer to mail and read them the VIS and SRHD privacy statement.
 - If consent is obtained via phone, document date, time, and name of parent/guardian providing consent, and write "consent obtained via phone" with an initial on the encounter form.

Vaccine Assessment and Recommendations

- Medical screeners will review patient encounter forms and make all vaccine recommendations. Medical screeners must be licensed healthcare professionals.
 - Screening staff can consult SRHD immunization program staff for recommendation guidance as needed.
 - In limited staff circumstances, SRHD immunization program staff can serve in a medical screener staff capacity if an onsite licensed healthcare professional reviews and approves vaccine recommendations.
- Assessment of immunization records is required prior to vaccination when appropriate. Screening staff will review the Washington State Immunization Information System (IIS) for vaccination history and documented precautions/contraindications.
- Screening staff will review the vaccine forecast summary within the IIS.
- Screening staff will review medical history questions and answers with the patient, and consult screening resource binders for guidance, if needed, if a patient answers YES to any of the medical history questions to determine if a true contraindication exists. If so, this patient must be referred to a healthcare provider for further assessment.
- Screening staff will adhere to ACIP/CDC recommended minimum intervals and minimum ages.

- ACIP recommends that vaccine doses given up to four days before the minimum interval or age be counted as valid. This “grace” period is recognized by Washington State for school and child care entry.
- Children without documentation of vaccination or disease immunity, and no ability to or possibility of locating records, will be treated as unvaccinated persons. Screeners will provide age-appropriate vaccine recommendations based on a catch-up schedule determined by ACIP.
- Live virus vaccines (MMR, varicella, zoster) are not to be given to pregnant women. Screen for pregnancy and advise client to avoid pregnancy for one month (28 days) following live virus vaccine administration.
- Off—label vaccine recommendations are not permitted.
- SRHD Vaccine Management staff will provide vaccine recommendation review prior to vaccine supply distribution to ensure age indications are met for combination and routine vaccines (e.g., DTaP/IPV for 4-6 years; MMR/V for 4-12 years; DTaP for 6 and younger). The vaccinator must check dosage, lot number, and expiration dates on all vaccines prior to administration.

Specific Vaccine Administration Information

- Each patient should be evaluated individually to select the appropriate vaccination site and needle size.
- Most infants have sufficient subcutaneous/muscle tissue in anterolateral thigh for proper administration of vaccine. This is the preferred site in infants up until two years of age.
 - The deltoid muscle of the arm can be used as an alternate site if the muscle mass is adequate.
 - Beginning at the age of 3, and in adults, the deltoid muscle is the preferred site.
- Gluteal sites for routine vaccine administration are not permitted.
- Gloves are not required to be worn by Occupational Safety Health Administration (OSHA); if a vaccinator anticipates any bodily fluid exposure based on patient assessment, gloves should be worn. If gloves are continually worn for vaccine administration, they must be changed between patient.
- Cleanse the vaccine vial with an alcohol swab prior to needle puncture for vaccine preparation.
- Cleansing skin prior to vaccine administration is optional as the swab serves more as a direct removal device than a sterilization tool.
- Pre-drawing of a maximum of 10 doses at a “mass-vaccination” clinic is permitted at the start of an event. To aid in adequate patient flow through the clinic, it is acceptable that “high demand” vaccines- those associated with school-required vaccines (MMR, Tdap, Hep B), and influenza, be pre-drawn.
- If errors occur during vaccine preparation, report to SRHD vaccine management coordinator and waste the dose, if recommended. The coordinator will record any vaccine waste.
- Do not give half doses of vaccine. If the vaccinator is unable to administer the entire dose, the dose is not considered valid and must be repeated.
- Vaccinators are required to report all vaccine preparation and administration errors to SRHD vaccine management staff and/or preceptor.
- Vaccine administration errors, if identified, must be documented and reported on VAERS forms or online, either by preceptor, vaccinator, or SRHD immunization program staff.
- If recommended, multiple live virus vaccines must be administered simultaneously.
- The vaccinator will ensure that the encounter form is properly filled out and complete for federally-required documentation and SRHD-required fields:
 - Patient Name
 - Patient Date of Birth

- Vaccine name
- Manufacturer
- Vaccine lot number
- Vaccine expiration date
- Route of administration
- Vaccinator name and credentials
- Clients will be given a “vaccine administered record” for the vaccines they receive that day
- Vaccinators, licensed healthcare professionals, or SRHD immunization program staff should update any immunization records, including a certificate of immunization status, that the parent or caregiver has on hand.
- All administered vaccines are input into the IIS by SRHD staff. All patient encounter forms are scanned into Docuware and maintained per the record retention schedule.
- A hard copy of Epidemiology and Prevention of Vaccine Preventable Disease (the Pink Book) will be available onsite as a resource.


Emergency Information:

- If a severe reaction occurs after an immunization, follow SRHD emergency protocol including completing a Vaccine Adverse Event Reporting System (VAERS) form. (See Emergency Medical Protocol for Management of Anaphylactic Reactions)
- If there is any blood borne pathogen exposure or a needle stick, the person must be sent directly to Providence Sacred Heart Emergency Department for testing and treatment. (See SRHD Exposure Control Plan)
- Complete an incident report for affected staff and/or patients as applicable. (See General Incident Protocol)
- All documentation must be retained by the SRHD immunization program.

General Storage and Handling of Vaccine:

- Vaccines must be refrigerated or frozen per VFC and SRHD program guidelines.
- All vaccine coolers are the property of SRHD and should be cared for and monitored at all times.
- Ensure coolers are closed completely after each time they are opened.
- Cooler temperatures must be observed and recorded hourly.
- The inventory may have multiple lot numbers of the same vaccine presentation; always use the shortest expiration date and/or open box stock first.
- All expired or wasted vaccines must be documented.
- When opening any box of vaccine, place an “X” on the box indicating it has been opened. Ensure these boxes are used up first.
- Most vaccines are light and temperature sensitive. Maintain appropriate temperatures, store vials in boxes and use immediately after reconstitution. Any pre-drawn vaccines must remain in the vaccine cooler that meets its temperature indications (refrigerator or freezer).

Procedure approved by


 Robert Lutz, MD, MPH
 Health Officer

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Date

Glossary

Informed Consent: Consenting to receive a specific procedure which may or may not have health implications. Clients need to understand the implications and general nature of the procedure or treatment.

Caregiver: An adult who is taking care of a minor, but is not the minor's parent or legal guardian.

Live Virus Vaccine: Varicella, MMR, MMR/V, Zoster, and Yellow Fever.

Minor: Clients under 18 years of age.

Screener: Any healthcare person SRHD has trained to effectively screen patients for the appropriate vaccine.

SRHD Staff: Any person paid by SRHD.

Vaccinator: Any license professional administering vaccine, including those that are volunteers and SRHD staff. Professional licenses include, but are not limited to the following: MA, MAC, LPN, RN, ARNP, PharmD, RPh, and MD/DO.

Volunteer: Any person not paid by SRHD but approved by SRHD to provide directed services.