**Non Patient-Specific Standing Order for the Administration of the**

**Inactivated Poliovirus Vaccine (IPV) for people ages 7 years and older**

**(9/26/2022)**

**Purpose:** To reduce morbidity and mortality frompoliomyelitis (polio) by vaccinating all persons at higher risk for exposure to poliovirus who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) to consider polio vaccination.

**Policy:** Under this non patient-specific standing order, [insert clinical staff titles] who are [employees, volunteers, [and/or] contractors] of the [Insert Organization Name] may administer the Inactivated Poliovirus Vaccine (IPV) to eligible individuals, as permitted by state and federal laws, Executive Orders, ACIP recommendations, and the CDC’s and New York State’s Vaccination Program.

All children and adolescents (up through 17 years of age) who are unvaccinated or under-vaccinated should be brought up to date with all CDC-recommended inactivated polio vaccine (IPV) doses.

* A catch-up vaccination schedule is preferred as per CDC ACIP guidelines <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>.
* This standing order addresses children 7 years of age and older. Infants and children 6 years of age and younger should be referred to their primary care provider for vaccination with an IPV-containing vaccine.

Adults 18 years of age and older who are unvaccinated or under-vaccinated and at increased risk of infection should receive polio vaccination to complete the primary series. This includes:

* Individuals living or working in an area with community transmission of poliovirus (see below).
* Individuals working in a laboratory or healthcare setting and handling specimens that might contain polioviruses.
	+ In New York State this may include individuals who collect or work with wastewater specimens for poliovirus testing.
* Healthcare providers or other caregivers who have close contact with a person who could be infected with poliovirus. In New York State, this would include:
	+ Healthcare workers who work in areas with community transmission of poliovirus and who could care for patients with poliovirus (e.g., urgent care, emergency department, neurology, pediatrics).
	+ Individuals who will or might have exposure to a person known or suspected to be infected with poliovirus, such as household members and other close contacts of a case or suspect case, who provide care.
	+ Child care or pre-K providers who work in areas with community transmission of poliovirus and provide diapering or toileting care or assistance.
* Individuals traveling to a country where there is a documented increased risk of exposure to poliovirus. See <https://www.cdc.gov/polio/what-is-polio/travelers.html>.
* Individuals whose child(ren) will be receiving oral poliovirus vaccine (OPV), such as international adoptees or refugees. OPV is not available in the United States.
* Other adults who are unvaccinated or under-vaccinated and who don’t meet the above criteria for being at increased risk of infection should talk with a healthcare provider about the polio vaccine to determine their risk, and vaccinate accordingly (e.g., adults who will be spending substantial amounts of time in counties with community transmission of poliovirus for reasons other than residence or work).

Certain adults 18 years of age and older who have previously completed a vaccine series against poliovirus, but who are at increased risk of infection with poliovirus may receive one lifetime booster dose of IPV. This includes:

* Individuals working in a laboratory or healthcare setting and handling specimens that might contain polioviruses.
	+ In New York State this may include individuals who collect or work with wastewater specimens for poliovirus testing.
* Healthcare providers or other caregivers who have close contact with a person who could be infected with poliovirus. In New York State, this would include:
	+ Healthcare workers who work in areas with community transmission of poliovirus and who could care for patients with poliovirus (e.g., urgent care, emergency department, neurology, pediatrics).
	+ Individuals who will or might have exposure to a person known or suspected to be infected with poliovirus, such as household members and other close contacts of a case or suspect case who provide care.
	+ Child care or pre-K providers who work in areas with community transmission of poliovirus and provide diapering or toileting care or assistance.
* Individuals traveling to a country where there is a documented increased risk of exposure to poliovirus. See <https://www.cdc.gov/polio/what-is-polio/travelers.html>.

For individuals with a record of OPV (e.g., given abroad), only trivalent OPV (tOPV) counts toward fully vaccinated status. Doses of OPV given before April 1, 2016 are most likely to be tOPV and should be counted unless specifically noted as monovalent, bivalent, or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted. If such documentation cannot be validated as tOPV, vaccinate with IPV according to the eligibility criteria herein.

Areas considered to have community transmission of poliovirus include those where poliovirus has been repeatedly detected in wastewater (currently Rockland, Orange, and Sullivan Counties).

Unvaccinated individuals for whom it is clinically indicated to receive a polio vaccination series as soon as possible (e.g., those traveling to a polio-endemic country) may wish to consult with their provider for an accelerated IPV schedule.

**Procedure:**

1. Assess persons for eligibility to receive the inactivated poliovirus vaccine (IPV).
	1. Children ages 7-17 years of age and who are unvaccinated or under-vaccinated: Follow the catch up-vaccination schedule per ACIP guidelines. See table in the addendum. Based on the intervals described in the table, administer a dose of IPV.
	2. Adults ages 18 and older who are unvaccinated or under-vaccinated and who are eligible:
		1. No prior polio vaccine dose: Administer the first dose of IPV according to the procedure described herein.
		2. One (1) previous dose of polio vaccine administered 28 or more days prior to the date of vaccine administration: Administer the second dose of IPV according to the procedure described herein.
		3. Two (2) previous doses of IPV administered 6 months or more prior to date of administration: administer the third dose of IPV according to the procedure described herein.
	3. Previously vaccinated adults ages 18 and older who meet eligibility criteria above for a booster and completed a polio vaccine series 12 months or more prior to the date of vaccine administration: administer one (1) booster dose of IPV according to the procedure described herein.
2. Screen for contraindications and precautions
	1. **Contraindications:** Do not administer IPV to anyone who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of IPV or to any of its components. For infor­mation on vaccine components, refer to the manufacturers’ package insert [www.immunize.org/packageinserts](http://www.immunize.org/packageinserts) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)
	2. **Precautions:**
		1. Moderate or severe acute illness with or without fever.
		2. Pregnancy: administer vaccine if clinically indicated.
3. Provide Vaccine Information Statements and Obtain Consent
	1. Provide all patients (or, if the patient is unable to provide consent, their legal representative) with a copy of the most current federal Vaccine Information Statement (VIS).
	2. Inform each patient of potential side effects and adverse reactions, orally and in writing, prior to immunization.
	3. Obtain consent to administer vaccine.
		1. In the case of a patient who is unable to provide consent, the person who is legally responsible for such patient shall give prior written consent to administer the vaccine or shall be in attendance when the vaccine is administered and have given prior consent to administer vaccine.
		2. [Insert how the Organization will be documenting consent and what forms will be used].
4. Prepare to administer vaccine
5. Choose needle gauge, needle length, and injection site appropriate to the individual’s age and body mass: <http://www.immunize.org/catg.d/p3085.pdf>.
6. IPV may be administered **intramuscularly,** or alternatively **subcutaneously**.
	1. If vaccine is to be administered by the **intramuscular** route, use a 22–25 gauge needle. Choose a needle length and injection site according to the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Age | Needle Gauge | Needle Length | Injection site |
| Under 12 months | 22-25 | 5/8 – 1” | Anterolateral thigh muscle |
| 12-35 months | 22-25 | 1”– 1¼”  | Anterolateral thigh muscle\* |
| 5/8\*\* – 1” | Deltoid muscle of the arm |
| 3-10 years | 22-25 | 5/8\*\* – 1” | Deltoid muscle of the arm\* |
| 1"– 1¼” | Anterolateral thigh muscle |
| 11 - 18 years | 22-25 | 5/8\*\* – 1” | Deltoid muscle of the arm\* |
| 1"– 1½” | Anterolateral thigh muscle |
| 19 years or older |  |  |  |
| Female or male <130lbs | 22-25 | 5/8\*\* – 1” | Deltoid muscle of the arm\* |
| Female or male 130-152lbs | 22-25 | 1” | Deltoid muscle of the arm\* |
| Female 153-200lbs or male 153-260lbs | 22-25 | 1"– 1½” | Deltoid muscle of the arm\* |
| Female >200lbs or Male >260lbs | 22-25 | 1½” | Deltoid muscle of the arm\* |
| Female or male, any weight | 22-25 | 1½” | Anterolateral thigh muscle |

\*Preferred site

\*\*A 5/8-inch needle may be used for children 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

* 1. Alternatively, if vaccine is to be administered by the **subcutaneous** route, use a 23–25 gauge needle. Choose a needle length and injection site according to the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Age | Needle Gauge | Needle Length | Injection site |
| Under 12 months | 23-25 | 5/8”  | Fatty tissue over antero-lateral thigh muscle |
| 12 months and older | 23-25 | 5/8” | Fatty tissue over antero-lateral thigh muscle, or fatty tissue over triceps |

1. Using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab, and withdraw 0.5 mL of IPV vaccine.
2. Administer vaccine
3. Administer the IPV vaccine, 0.5 mL via the intramuscular (IM) route or subcutaneous route.
4. Document vaccination: Document each patient’s vaccine administration information and follow-up information as below:
	1. **Medical Record System (including CDMS, as applicable):**
		1. Record the patient’s name, the date the vaccine was administered, the name of the vaccine, the vaccine manufacturer and lot number, the vaccination site and route, address of administering site, the name and title of the person administering the vaccine, and recommendations for future immunizations.
		2. Document the publication date of the VIS and the date it was given to the patient in the patient’s medical record or on a separate form retained by the authorized vaccinator who has administered the immunization, and in a retrievable format available to the State Education Department and the patient.
		3. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, refusal).
		4. Documentation must be completed within 24 hours of administration. This information, whether in a medical record or separately kept, must be recorded and maintained in accordance with 8 NYCRR section 29.2 (a) (3).
	2. **Signed Certificate of Immunization** (given to the patient)**:** Record the patient’s name, date of vaccination, name/location of the administering clinic, administering vaccinator, name of vaccine, manufacturer and lot number, and recommendations for future immunizations.
	3. **New York State Immunization Information System (NYSIIS) and City Immunization Registry (CIR):** Report all doses administered to NYSIIS or CIR within 72 hours of administration. With respect to NYSIIS, if the dose was documented in CDMS, then the NYSDOH shall transmit data from CDMS to NYSIIS for all patients.
	4. Authorized vaccinators must inform vaccine recipients age less than 18 years and the adult caregiver accompanying such patient of the importance of a well-child visit with a pediatrician or other licensed primary care provider and refer patients as appropriate.
5. Management of medical emergencies
	1. 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.
	2. Additionally, vaccinators shall be responsible for having emergency anaphylaxis treatment agents, related syringes, and needles at the location of the administering clinic, including at least 3 epinephrine prefilled syringes or autoinjectors, H1 antihistamine, blood pressure cuff, and a stethoscope and timing device to assess pulse.
	3. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine. Assess for signs of syncope such as extreme paleness, sweating, coldness of the hands and feet, nausea, lightheadedness, dizziness, weakness or visual disturbances.
6. Reporting of adverse events
	1. Report all adverse events following the administration of vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://www.vaers.hhs.gov/reportevent.html> . **If you need further assistance with reporting to VAERS, email**info@VAERS.org**or call 1-800-822-7967.**

**Order:** I am hereby prescribing this non patient-specific order for the administration of IPV on [insert dates and locations].Specifically, [insert staff titles] who are employees, volunteers, or contractors of the [Insert Organization] may administer IPV, as permitted by its Emergency Use Authorization (EUA), as applicable, state and federal laws, Executive Orders, ACIP recommendations, and the CDC’s and New York State’s Vaccination Program.

This non patient-specific order shall remain in effect for the vaccination of any individuals as set forth herein, beginning on [insert date] through [insert date]. In the event that I discontinue this non patient-specific order prior to [insert end date as listed above], notice of such discontinuance shall be provided to those [Insert Organization] employees and contractors permitted to execute under this Order via [insert how employees and contractors will be notified of a discontinuance].

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NYS License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Order: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum to IPV standing order



