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VACCINE ADMINISTRATION PROTOCOL
Standing Order to Administer Immunizations and Emergency Medications
Revised September 24, 2020

In compliance with Utah Code §§ 58-17b-620; 58-17b-102(16), (17), (56), (57)(b) and (c); and 58-17b-502(1)(i) of Utah's Pharmacy Practice Act, a licensed Utah pharmacist may administer medications for a fee pursuant to this Vaccine Administration Protocol. The pharmacist may also delegate administration to a licensed Utah pharmacy intern or pharmacy technician, if the delegating pharmacist provides on-site, direct supervision to the delegatee. A pharmacy intern and pharmacy technician may not delegate the administration of a vaccine to another person.

Each pharmacist who administers medications or delegates such administration, and each pharmacy intern and pharmacy technician who administers medications, shall have completed all of the training and continuing education required by Utah Admin. Code §§ R156-17b-309 and R156-17b-621 of the Pharmacy Practice Act Rules.

Vaccines

To protect people from preventable infectious diseases, each trained pharmacist, pharmacy intern, or pharmacy technician may administer the following vaccines to eligible patients for all appropriate ages, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and/or local or state health departments:

| | | |
|-----------------------|-----------------------|--|
| Influenza | Hepatitis B | Tetanus-Diphtheria Toxoids |
| Hepatitis A | Meningococcal | Pneumococcal |
| Varicella | Herpes Zoster | Haemophilus Influenza type b |
| Measles-Mumps-Rubella | Human Papilloma Virus | Tetanus-Diphtheria Acellular Pertussis |
| Inactivated Polio | COVID-19 (SARS-CoV-2) | |

Striking through the name of any of the above vaccines will indicate deletion from this protocol.

The above-listed vaccines, and any vaccines not listed in this Vaccine Administration Protocol, may also be administered by a licensed Utah pharmacist pursuant to a prescription from a licensed prescriber. The pharmacist may delegate administration to a licensed Utah pharmacy intern or pharmacy technician, if the delegating pharmacist provides on-site, direct supervision to the delegatee. A pharmacy intern and pharmacy technician may not delegate the administration of a vaccine to another person.

Patient Screening

Before a vaccination is dispensed for administration:

1. the vaccine candidate or legal guardian shall be questioned regarding the candidate's:
 - a. previous adverse events after immunization;
 - b. food or drug allergies;
 - c. current health conditions;
 - d. recent receipt of blood or antibody products;
 - e. immunosuppression;
 - f. pregnancy; and
 - g. underlying diseases;
2. the administering or delegating pharmacist shall review the vaccine, and the vaccine candidate's screening information; and
3. the vaccine candidate or legal guardian shall be informed of the specific benefits and risks of the vaccine(s) offered, and provided the appropriate Vaccine Information Statement(s).

Adverse Events

1. In the course of treating adverse events following immunization, the pharmacist is authorized to administer, or supervise the administration by a pharmacy intern or pharmacy technician, the following:
 - a. Diphenhydramine 1.25 mg/kg, maximum dose of 50 mg per dose orally, for mild allergic reactions including hives or itching;
 - b. Epinephrine-intramuscular to patients in a dose appropriate for their stated weight, followed by an immediate call to Emergency Medical Services for any signs and symptoms consistent with anaphylaxis:
 - Epinephrine IM 0.3 mg for patient weight greater than 30 kg;
 - Epinephrine IM 0.15 mg for patient weight 15 - 30 kg; and
 - Epinephrine IM 0.01 mg/kg for patient weight less than 15 kg.
 - c. If Emergency Medical Services has not arrived and symptoms are still present, the dose of epinephrine may be repeated up to every 5 minutes for up to 3 doses total, depending on the patient's response.
 - d. If any medications are administered for an adverse immunization reaction, the pharmacy staff shall call Emergency Medical Services or provide patient assessment by an on-site licensed independent practitioner.
 - e. The pharmacist, pharmacy intern, or pharmacy technician may provide cardiopulmonary resuscitation as needed.

2. For adverse events, the administering or delegating pharmacist shall complete and submit the Vaccine Adverse Event Reporting System (VAERS) form to the CDC, to the undersigned licensed practitioner, and to the patient's primary care practitioner, if known.
3. The pharmacy shall post in a prominent place in the pharmacy an emergency plan to be implemented in case of an adverse event. Such plan shall include:
 - a. the phone number of the local EMS;
 - b. the phone number of the undersigned licensed practitioner; and
 - c. the roles of:
 - i. the administering or delegating pharmacist,
 - ii. any administering pharmacy intern or pharmacy technician; and
 - iii. other participants; and
 - d. dosing instructions for epinephrine and diphenhydramine according to this protocol

Reporting to Utah Statewide Immunization Information System (USIIS)

1. The pharmacist, pharmacy intern, or pharmacy technician shall report an administered vaccine to the Utah State Immunization Information System (USIIS) electronic registry within one week of administration. Register for USIIS:
http://www.usiis.org/howtoparticipate_provider.shtml.
2. The pharmacist, pharmacy intern or pharmacy technician shall maintain perpetual record of all vaccines administered, including the:
 - a. patient name;
 - b. primary care practitioner (if known);
 - c. vaccination date;
 - d. name, address, title of administering or delegating pharmacist;
 - e. name of vaccine;
 - f. manufacturer; and
 - g. lot number.

Protocol/Order

As the authorizing licensed practitioner:

- **I shall periodically review (not less than annually) the activities of the authorized pharmacy personnel (pharmacists, pharmacy interns, and pharmacy technicians) who administer vaccines under this protocol.**

- **My authorization shall be valid for one year from the date indicated below, unless otherwise revoked or extended in writing.**

- **I understand that I need not review the administration of vaccines pursuant to a written prescription from a licensed prescriber, and that such vaccines shall be administered pursuant to the instructions from the licensed prescriber on the prescription.**

(Signature on this protocol by a licensed practitioner is required ONLY for vaccines administered according to this VACCINE ADMINISTRATION PROTOCOL, without a written prescription by a licensed prescriber)

| | |
|-------------------------------|--|
| Licensed Practitioner Name | |
| Licensed Practitioner Address | |
| City, State | |
| Zip | |
| Practitioner License Number | |
| State of Licensure | |
| Authorized Pharmacy(ies) | |

The licensed pharmacist(s), pharmacy intern(s), and pharmacy technician(s) employed by the pharmacy or pharmacies listed above who have received the required training in accordance with Utah Admin. Code §§ R156-17b-309 and R156-17b-621 of the Pharmacy Practice Act Rules are authorized to administer vaccines pursuant to:

- (1) This VACCINE ADMINISTRATION PROTOCOL Standing Order to Administer Vaccines and Emergency Medications; or
- (2) A written prescription by a licensed prescriber.

Licensed Practitioner Signature: _____
Date: _____

