

POLICY AND PROCEDURE

MANUAL:
NURSING

TITLE:
NON-PATIENT SPECIFIC STANDING
ORDERS

Effective Date: 09/2007

Revision Date(s): 09/08, 09/10, 05/01/12,
09/06/2016

POLICY:

Standing Orders authorize eligible nurses employed by CHN to assess a client's immunization status and administer vaccinations according to CHN protocol.

PROCEDURE:

To define the protocol for administration of immunizations and anaphylactic agents.

- **CPR**

- All RN's involved in the administration of immunizing agents in accordance with a non-patient specific standing order and protocol must be currently certified in BLS by the American Red Cross, American Heart Association or an equivalent organization acceptable to the Department.

- **IMMUNIZING AGENT**

- The list of authorized immunizing agents differs for adults and children. Adults are persons who are 18 years of age or older; children are persons under 18 years of age. The agents are:

Immunizing Agents for Adults (Age 18 or Older)	
Acellular Pertussis	Measles
Diphtheria	Meningococcus
Hepatitis A	Mumps
Hepatitis B	Pneumococcus
Herpes Zoster vaccine	Rubella
Human Papilloma Virus (HPV)	Smallpox vaccine
Inactivated Polio	Tetanus
Influenza	Varicella

Immunizing Agents for Children (Younger than Age 18)	
Acellular Pertussis	Measles
Diphtheria	Meningococcus
Haemophilus Influenza Type b (HIB)	Mumps
Hepatitis A	Pneumococcal Conjugate
Hepatitis B	Rotovirus
Human Papilloma Virus (HPV)	Rubella
Inactivated Polio	Tetanus
Influenza	Varicella

- **ADMINISTRATION OF IMMUNIZATIONS**

- The non-patient specific standing order and protocol must be authorized by a Physician or Certified Nurse Practitioner.
- RN's must maintain or ensure that a copy of the standing order(s) and protocol(s) authorizing them to administer immunizations is maintained.
- All RN's immunizing children in accordance with non-patient specific standing orders and protocols must be employed by, or act as an agent, of the Visiting Nurse Association or an equivalent organization legally authorized to provide nursing services as determined by the New York State Education Department or by a State, country, municipal or other government agency.

- **EPIDEMICS**

- Any RN who is BLS certified may administer any immunizing agent that is authorized by a non-patient specific standing order and protocol as part of an immunization program authorized, maintained or under the auspices of the State Commissioner of Health, a county Commissioner of Health, or a county public health director when the immunization program is instituted as a result of an epidemic declared by any of these public health officials.

- **PROTOCOL REQUIREMENTS**

- Ensure that the potential recipient is assessed for contraindications to immunization.
- Inform each potential immunization recipient of the potential side effects and adverse reactions, orally and in writing, prior to immunization and inform each potential immunization recipient, in writing, of the appropriate course of action in the event of an untoward or adverse event. Vaccine Information Systems (VIS) developed by the Centers for Disease Control and Prevention (CDCP), United States Health and Human Services are recommended for this use.
- Obtain consent for the immunization from the potential recipient, or from a person legally responsible in the case of a minor or otherwise incapable person, before the immunization is administered.
- In cases of minors and persons incapable of personally consenting to immunization, consent may be gained by informing the legally responsible person of the potential side effects and adverse reactions in writing and obtaining written consent prior to administering the immunization.
- Provide to each legally responsible immunization recipient, a signed certificate of immunization noting the recipient's name, date of immunization, address, immunization agent, administering Nurse, manufacturer and lot number, and recommendations for future immunizations.
- Have available on site, agents to treat anaphylaxis including, but not limited to, epinephrine and necessary needles and syringes.
- Report all adverse immunization outcomes to the Vaccine Adverse Reporting System (VAERS) using the appropriate form, from the Centers for Disease Control and Prevention, United States Department of Health and Human Services.
- Ensure that the record of all persons immunized include: the non-patient specific standing order and protocol utilized, recipient's name, date, address of immunization agent, manufacturer and lot number of administered vaccine(s) and recommendations for future immunizations.

- **ANAPHYLAXIS ADMINISTRATION REQUIREMENTS**

- Non-patient specific standing orders and protocols must be authorized by a Physician or a Certified Nurse Practitioner.

- RN's must maintain or ensure the maintenance of a copy' of the standing order (s) and protocol(s) authorizing them to administer anaphylactic treatment agents.

- **ANAPHYLAXIS PROTOCOL**
 - Notify provider on site of any reaction noted.

 - Ensure that a record is kept of all persons who received epinephrine and/or other agents to treat anaphylaxis including, but not limited to: the non-patient specific standing order and protocol utilized, the recipient's name, date, address of administration site, administering nurse, and anaphylactic treatment agent administered and its manufacturer and lot number.

 - Arrange for appropriate follow-up by contacting the local emergency medical services system (EMS) following administration of anaphylactic treatment agent(s), or ensure that equivalent follow-up is provided through other arrangements. Report to EMS or other follow-up care providers which anaphylactic treatment agent(s) was administered, the time administered the dose, strength and route of administration.

 - Report noted information regarding administration of agents to treat anaphylaxis to the recipient's primary care practitioner/provider, unless unable to obtain this information from the patient.

- **OPIOID RELATED OVERDOSE TREATMENT**
 - Opioid related overdose treatment includes the urgent or emergency administration of naloxone or another drug approved by the federal Food and Drug Administration to treat opioid related overdose to a person who is experiencing an opioid related overdose or is suspected of experiencing an opioid related overdose. RNs who administer opioid related overdose treatment (or who direct LPNs to administer opioid related overdose treatment) should be currently certified in CPR or BCLS or have received CPR training by health facility in-service departments.

 - When administering opioid related overdose treatment pursuant to a non-patient specific order and protocol, the RN should:

 - Administer the ordered opioid related overdose treatment in an emergency, if the recipient of the treatment is not capable of giving informed consent.

- Arrange for immediate follow-up care (i.e., by contacting an emergency medical service provider and reporting the recipient's name, and the name, time, dose[s] and strength of the opiate antagonist drug administered and route of administration).
- Ensure that a record is maintained of all recipients of opioid related overdose treatment, which includes, at a minimum: the non-patient specific order and protocol, the recipient's name, date, the address of administration site, the name of the administering nurse, and the opiate antagonist drug administered.
- **PROFESSIONAL MISCONDUCT**
 - Professional misconduct in the practice of Nursing and in the administration of immunizations and/or anaphylactic treatment agents following non-patient specific standing orders and protocols will include, but not limited to:
 - Failure to adhere to any requirement prescribed in Section 64.7 of the Regulations of the Commissioner of Education (refer to accompanying regulations).
 - Administering an immunizing and/or anaphylactic treatment agent after the expiration date noted on the agent's label.
 - Failure to store immunizing and/or anaphylactic agents in accordance with directions on the label and official compendium of commonly known practices.

- **INFORMATION FOR LICENSED PRACTICAL NURSES**

- According to the New York State Education Department, Licensed Practical Nurses (LPN's) are not authorized by this law to participate in administration of non-patient specific orders except under the following circumstances:
 - Education Law authorizes RNs to direct nursing care provided by LPNs. Thus, an RN (or MD, NP, or PA if an RN is not on-site) may direct an LPN in administering immunizing agents (i.e., injecting a recipient with a vaccine and administering anaphylactic agents), when appropriate.
 - An LPN can assist in administering immunizations and recordkeeping as long as the RN (or MD, NP, or PA if an RN is not on-site) assesses the recipient, and is responsible for the on-site direction of the LPN in administering the immunizations.
 - An LPN may administer epinephrine (i.e., Epi-pen) in an emergency situation (i.e., bee sting, ingesting peanut butter) in the absence of a RN.