Standing Orders for Administering Inactivated Polio Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from poliomyelitis by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DOD).

Policy: Under these standing orders, eligible nurses and other health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons 2 months – 17 years of age who have not completed an inactivated poliomyelitis vaccine (IPV) series.
2. Screen all patients for contraindications and precautions to polio vaccine: **Contraindications:**
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of polio vaccine or to a vaccine component (to include neomycin, streptomycin, or polymyxin B)
    - For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

    Precautions:
    - Moderate or severe acute illness with or without fever
    - Pregnancy: no information is available on the safety of polio vaccine in pregnancy. IPV should be given to a pregnant woman only if the benefit outweighs potential risks
    - Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245
3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.
4. Provide vaccine as follows:
    - The monovalent polio vaccine (IPOL®) consists of a four dose series given at 2, 4, 6-18 months, and 4-6 years of age. If a catch-up schedule is required after 6 months of age, the minimum interval between dose 1 and dose 2 is 4 weeks; the minimum interval between dose 2 and dose 3 is 4 weeks; a minimum interval of 6 months should precede the final dose given after age 4 years

Note: In the first 6 months of life, minimum ages and intervals should only be used for travel to a polio-endemic region or during an outbreak. Such use is not covered under this standing order; patients must obtain an order from a privileged provider for this situation

- If a child received 4 or more doses before the 4th birthday, an additional dose is still necessary after the 4th birthday and at least 6 months after the previous dose. If a child or teen received a 3rd dose at age 4 years or older, a 4th dose is not necessary as long as there is a 6-month interval between doses 2 and 3

- See table below for use of polio-containing combination vaccines. Administer 0.5mL of polio vaccine intramuscularly in the preferred site (anterolateral thigh for infants and toddlers or in the deltoid for children and adolescents). The alternate site (anterolateral thigh muscle or deltoid muscle) may be used if the preferred site is inadequate. Choose needle gauge and length appropriate to administration route and the patient's age and/or body mass according to the chart below

Needle Length and Injection Site of IM Injections for Children		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Infants (1-12 months)	1 inch	Anterolateral thigh
Toddlers (1-2 years)	1-1.25 inch	Anterolateral thigh*
	5/8† – 1 inch	Deltoid muscle of arm
Children (3-10 years)	5/8† inch- 1 inch	Deltoid muscle of arm*
	1-1.25 inches	Anterolateral thigh
Children (11-18 years)	5/8† – 1 inch	Deltoid muscle of arm*
	1-1.5 inches	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html.
†If skin is stretched tightly and subcutaneous tissues are not bunched
*Preferred site

Currently Licensed Vaccines containing Inactivated Poliovirus Vaccine (IPV)				
Vaccine Composition	**Trade Name**	**Manufacturer**	**Age for use**	**Comments**
IPV	IPOL	Sanofi Pasteur	2, 4, 6-18 mo, 4-6 yrs	Use in infants, children, and adults
DTaP-IPV-Hib-HepB	Vaxelis	Sanofi Pasteur	2, 4, and 6 mos	Use for first 3 doses of IPV through age 4 yrs
DTaP-HepB-IPV	Pediarix	GlaxoSmithKline	2, 4, and 6 mos	Use for first 3 doses of IPV through age 6 yrs
DTaP-IPV/Hib	Pentacel	Sanofi Pasteur	2, 4, 6, and 15-18 mo	Use for 4 doses of IPV through age 4 yrs
DTaP-IPV	Kinrix/ Quadracel	GlaxoSmithKline/ Sanofi Pasteur	4-6 yrs	Use for booster dose at age 4-6 yrs

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at https://vaers.hhs.gov.

8. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date