

Standard Operating Procedure (SOP)

IMMUNIZATIONS AND VACCINATIONS

TXSG SOP 1580.10
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Texas State Guard (TXSG)
PO Box 5218
Austin, TX 78763

OPR: TXSG Surgeon



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Summary. This Standing Operating Procedure (SOP) prescribes the guidance on immunization/vaccination requirements and compliance of TXSG first responders in order to deploy.

Applicability. This SOP is applicable to all Texas State Guard personnel.

Proponent and Exception Authority. The proponent for this SOP is the TXSG Surgeon. The TXSG Surgeon has the authority to approve exceptions to this SOP that are consistent with controlling law and regulation.

Supplementation. Supplementation of this SOP or establishment of command and local forms on immunizations and vaccinations is prohibited without prior approval from the Commanding General (TXSG), through the TXSG Surgeon, P.O. Box 5218, Austin, TX 78763-5218.

Suggested Improvements. Users are invited to send comments and suggested improvements concerning this SOP directly to the TXSG Surgeon, P.O. Box 5218, Austin, TX 78763-5218

Distribution. A

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CHAPTER 1 RESPONSIBILITIES

1. TXSG Service Member
 - a. Maintain their individual immunization requirements up to date.
 - b. Maintain a copy of their immunization record.
2. TXSG Surgeon
 - a. The TXSG Surgeon shall prescribe standing orders for TXSG soldiers. These standing vaccination orders shall be amended, substituted, withdrawn or changed by order of the TXSG Surgeon.
 - b. DSHS ImmTrac2 coordination will be coordinated with DSHS by TXSG Surgeon.
3. Unit Commanders
 - a. Ensure compliance with education, notification, and enforcement of this SOP.
 - b. Ensure each TXSG member under their command is immunized and vaccinated per this SOP and other requirements as designated by the TXSG Surgeon.
 - c. Facilitate the troop support for both on-site and off-site immunization and vaccination.

CHAPTER 2 REQUIRED IMMUNIZATIONS/VACCINATIONS

1. Required Vaccinations
 - a. Tetanus, Diphtheria, Pertussis (TDAP)
 - b. Influenza (The vaccination strain will be determined and designated yearly and standing orders will be issued by the TXSG Staff Surgeon.
 - c. Hepatitis B (The HEP B vaccine is MANDATORY for ALL Texas Medical Brigade (TMB) troops. The HEP B vaccine is usually given as a 3-4 shot series over a six (6) month period.
2. Recommended Vaccinations
 - a. Hepatitis A
 - b. Measles, Mumps, Rubella (MMR)
 - c. Polio (IPV)
3. All TXSG service members must comply with the required vaccinations in order to maintain membership in TXSG and deploy on State Active Duty missions.
4. Service members with health insurance will complete immunizations using their Primary Care Physician, designated pharmacy, or other authorized medical facility.
5. TXSG members without health insurance will complete immunizations through the TX Department of State Health Services (DSHS) Adult Safety Net (ASN) program. DSHS will provide a monthly updated list of ASN facilities available for TXSG immunizations.
6. TXSG service members refusing the required vaccinations will be designated as NON-DEPLOYABLE and may be subject to discharge from TXSG.

CHAPTER 3 DETERMINING THE NEED FOR IMMUNIZATION

1. The designated Health Care Professional (HCP) will take a medical history from the service member to determine requirements for immunization in accordance with Chapter 1 above. This may include review of ImmTrac2 data or individual service member medical records.
2. HCP will review contraindications for immunizations:
 - a. Known allergies
 - b. Immunocompromised condition
 - c. Documented prior adverse reaction
 - d. Pregnancy (certain immunizations)
 - e. Other known or suspected contraindications/reactions

CHAPTER 4 ON-SITE/OFF-SITE IMMUNIZATIONS

1. Off-Site Immunization (Vaccines given outside of the TXSG). These vaccines are prescribed/administered by a service member's Primary Healthcare Provider or given at a public health department or prescribed pharmacy.
2. On-Site Immunizations
 - a. An order from the TXSG Surgeon must be placed before any immunization may be given.
 - b. Providers and licensed staff may develop standing orders for the administration of vaccines on a site-by-site basis. Standing orders for vaccines at TXSG sites are outlined in Appendix A.
 - c. The TXSG follows the CDC-recommended "[Adult Immunization and Catch-Up](#)" schedule produced annually and the [TXDSHS First Responders Tool Kit](#).

CHAPTER 5 EXEMPTION

1. Medical.
 - a. Includes any medical contraindication relevant to a specific vaccine or other medication.
 - b. Health care providers will determine a medical exemption based on the health of the vaccine candidate and the nature of the immunization under consideration.
 - c. Medical exemptions may be temporary (up to 365 days) or permanent.
 - d. Medical exemption must be recorded on TXSG Form 2807 or DSHS ImmTrac2 as appropriate.
2. Administrative.
 - a. Not based on a medical reason. Examples include 30 days or fewer of service remaining (pending discharge, retirement, etc.) and religious beliefs.

- b. Refusing required vaccinations on the basis of religious beliefs will still result in a service member's designation as NON-DEPLOYABLE and could lead to discharge from TXSG.

CHAPTER 6 VACCINE ADMINISTRATION (For TXSG Personnel)

1. Pre-Vaccine Administration Training
 - a. Access to immunization reference materials
 - b. CPR and emergency training current including Epi-pen administration
 - c. Training and understanding of needlestick protocol and compliance training with TXDSHS Needlestick and Blood Spills
2. Pre-Administration Procedure
 - a. Follow "Rights of Medication Administration" Principle prior to giving the immunization
 - 1) right patient
 - 2) right vaccine or diluents
 - 3) right time (includes administering at the correct age, the appropriate interval, and before vaccine or diluent expires)
 - 4) right dosage
 - 5) right route, needle length, and technique
 - 6) right site
 - b. Review all vaccinations being given to the service member and be ready to answer any questions the soldier may have
 - c. Obtain consent to administer the vaccine(s) from the soldier and provide the VIS for each vaccine given <http://www.immunize.org/vis/>
3. Vaccine Administration
 - a. Recheck the prescription (or standing order if available) against prepared syringes.
 - b. Wash hands and put on disposable, non-latex gloves.
 - c. Determine appropriate route for the vaccine
 - 1) Intramuscular (IM) for DTaP, Hib, HepA, HepB, Pneumo
 - 2) Subcutaneous (SC) for MMR, Var;
 - 3) Either SC or IM for IPV
 - 4) Intradermal (ID) for PPD (Mantoux TST)
 - 5) Multiple-puncture technique with a sterile bifurcated needle for Smallpox
 - 6) Intranasal (FluMist, follow package insert for administration)
 - d. Position the limb and locate anatomic landmarks of injection site
 - e. Prep the site with an alcohol wipe using a circular motion from the center to a 2" to 3" circle. Allow alcohol to dry.

- f. Control the limb with the non-dominant hand; hold the needle an inch from the skin and inserts it quickly at the appropriate angle (15° for ID, 45° for SC, 90° for IM).
 - g. Inject vaccine using steady pressure; withdraw needle at angle of insertion
 - h. Apply gentle pressure to injection site for several seconds with a dry cotton ball or gauze.
 - i. Properly dispose of needle and syringe in sharps container. Properly dispose of live vaccine vial.
 - j. Encourage comfort measures before, during, and after the procedure.
4. Adverse Reactions
- a. Follow emergency response requirements and adverse reaction protocol as described in AR 40-562, 2-9 and 2-10.
 - b. An emergency SOP should be developed specifically addressing the steps to take in the event of anaphylaxis or fainting.
 - c. Report to VAERS any adverse event.
 - d. Initiate the necessary Worker's Compensation paperwork.
 - e. Submit appropriate CCIR or SIR as required.

CHAPTER 7 RECORD KEEPING

- 1. Immunization records for TXSG members will be kept in the Texas Immunization Registry (ImmTrac2).
- 2. TXSG members will keep their hardcopy yellow/pink card or a standardized immunization record.

CHAPTER 8 VACCINE STORAGE

- 3. TXSG will not store or keep vaccines on site.
- 4. Vaccines will be stored in manufacturer-recommended conditions (refrigerated, no light exposure) by TXDSHS or vaccine providers.
- 5. Recordkeeping of storage of vaccines will be provided by TXDSHS or vaccine provider.

CHAPTER 9 REFERENCES

- 1. TX DSHS – Feasibility of Providing Vaccines to First Responders (2012)
- 2. TX DSHS – Texas First Responder Immunization Tool
- 3. 29 CFR, Parts 1904, 1910 and 1960
- 4. Immunizations requirements and risk for CONOS Border Mission Support – November 2018
- 5. DoDI 6205.02E, Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries, 19 September 2006
- 6. DoD Directive 6205.3, DoD Immunization for Biological Warfare Defense, 26 November 1993

7. DoDI 1400.32, DoD Civilian Workforce Contingency and Emergency Planning, April 1995
8. 24
9. Texas Government Code 437.303(b)
10. TXSG Safety SOPs 2018
11. AR 40-562, Immunizations and Chemoprophylaxis, 16 February 2018
12. AR 40-5, Preventive Medicine, 25 May 2007
13. AR 40-3, Medical, Dental and Veterinary Care, 23 April 2013
14. DA PAM 40-11, Preventive Medicine, 22 Jul, 2005
15. MILVAX - www.vaccines.mil
16. CDC - www.cdc.gov

APPENDIX A
Standing Orders for Vaccine Delivery in TXSG
Reproduced from the Military Vaccine Agency
<http://immunize.org/standing-orders/>
<http://www.vaccines.mil/StandingOrders>

INFORMATION PAPER

DHA-IHB
26 March 2018

SUBJECT: Standing Orders for Vaccine Delivery in Texas State Guard (TXSG)

1. Purpose. To provide an overview of standing orders for vaccine delivery in the TXSG.

2. Facts.

a. In the United States, federal law prohibits dispensing human vaccines or immune globulins without a prescription of a practitioner licensed by law to administer such drug (Federal Food, Drug, and Cosmetic Act, 21USC 353, 21CFR 610.30[a][6]).

b. Standing order programs authorize the administration of immunizations based on approved protocols without a written physician order or referral from a primary care provider.

c. Standing orders are written protocols that delineate the circumstances under which an individual other than a physician can engage in the legal practice of medicine. Standing orders describe the specific type of medical practice that will be delegated, delineate the procedures that personnel must follow, identify the patient population that may be served, specify the level of physician supervision required, and govern the locations where the services may occur.

d. Standing orders are intended for use by properly trained health care personnel working within their scope of practice as determined by their license and each Service. Individuals must be trained in screening patients for contraindications, administering vaccines, and monitoring patients for adverse events in accordance with DoD, United States Coast Guard (USCG), Texas State Guard (TXSG), Texas Department of State Health Services (TXDSHS) and Center for Disease Control and Prevention (CDC) guidelines. Training standards include a comprehensive orientation and annual refresher training.

e. Successful standing order programs for immunizations should include protocols that:

1) Identify persons eligible for vaccination based on age, vaccination status, occupational or travel requirements and/or medical conditions that put them at risk for infection.

2) Provide adequate information to patients or their guardians regarding the risks and benefits of a vaccine (e.g., Vaccine Information Statements (VIS))

<http://www.immunize.org/vis/>) and documentation of that information in compliance with Federal, DoD, and Service-specific guidelines.

3) Record patient refusals or medical and administrative exemptions in the appropriate Service-specific Immunization Tracking System (ITS) and/or the individual medical record.

4) Document vaccine administration within DoD and Service-specific ITS (e.g., AHLTA, MEDPROS (Army), ASIMS (Air Force), MRRS (Navy, Marine Corps), SAMS (ships afloat) and any post-vaccination adverse events to the Vaccine Adverse Event Reporting System (VAERS).

5) Address a quality assurance process to maintain appropriate standards of care for immunization delivery by health care personnel.

f. Standing orders must be available for each vaccine in use and at each location where vaccines are administered.

g. Standing orders must be signed by a privileged physician with medical oversight over any clinic or activity that administers immunizations. In order to remain valid, standing orders must be renewed at least annually, with any changes in oversight responsibilities, with changes in vaccine administration methods, and/or when updates in vaccine recommendations are made by the CDC's Advisory Committee on Immunization Practices (ACIP).

h. Examples of standing orders can be found at <http://immunize.org/standing-orders/>

3. References.

a. Army Regulation (AR) 40-562, BUMEDINST 6230.15B, AFI 48-110_IP, CG COMDTINST M6230.4G, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases. (*Updated 7 October 2013*)

b. Centers for Disease Control and Prevention. Adult Immunization programs in nontraditional settings: quality standards and guidance for program evaluation – a report of the NVAC and Use of standing orders programs to increase adult vaccination rates: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000; 49(RR01); 15-26.

c. National Vaccine Advisory Committee. Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. Public Health Reports. March-April 2014. Volume 129

d. Federal Food, Drug, and Cosmetic Act, 21USC 353, 21CFR 610.60[a][6].

e. Multiple resources assembled by DHA-IHB:

1) <http://www.immunize.org/vis/>

2) <http://immunize.org/standing-orders/>

3) <http://www.health.mil/vaccines>

4) <http://www.vaccines.mil/StandingOrders>

APPENDIX B
Memorandum of Record

Date: _____

MEMORANDUM FOR RECORD

SUBJECT: Standing Orders for Vaccination Administration at
_____.

1. The following personnel are trained and authorized to administer immunizations for Texas State Guard (TXSG) at _____:

-
-
-
-
-

2. The following are immunizations that the above personnel are authorized to administer for Texas State Guard (TXSG) at _____:

-
-
-
-
-

3. This memorandum will be updated yearly or in the case of a change in trained personnel.

4. The point of contact for this memo is: _____

NAME