

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF NURSING**

The Drug Control Act and Board of Nursing Regulation authorizes the Virginia Board of Nursing to approve adult immunization protocols.

§ 54.1-3408. Professional use by practitioners. I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. https://www.dhp.virginia.gov/media/dhpweb/docs/laws-regs/Drug_laws_pract.pdf

In the Regulations for Training Programs for Medication Administration by Unlicensed Persons and Immunization Protocol, section 18VAC90-21-50 requires the submission and approval of an adult immunization protocol. The purpose of this Guidance Document is to provide a resource of information and a worksheet that will assist those wanting to establish an adult immunization protocol.

https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/Med_Admin_Immunization022119.pdf

ADULT IMMUNIZATION PROTOCOL(S) REVIEW FORM

Vaccine(s): _____ **Name of Company:** _____
 _____ **Contact Person:** _____
 _____ **Position Title:** _____
 _____ **Telephone/Fax #** _____

EVALUATION CRITERIA	CRITERIA MET / PENDING	COMMENTS
Purpose/Objectives of Immunization Program		
Target Population		
Name/Address of Medical Director		
Medical Directive (Signed/Dated)		
Inclusion/Exclusion Screening Criteria		
Informed Consent Form		
Procedural Guidelines:		
• Dosage		
• Single or Multiple Dose Administration		
• Injection Site		
• Vaccine Storage (Temp between 35°–46°)		
• Biohazardous Waste Disposal		
• Universal Precautions		
Post-Immunization Instructions:		
• Minor and Major Side Effects		
• Waiting Time of Approximately 15 Minutes		
• Follow-up Care with Primary Doctor		
Emergency Plan		
• Assessment → CPR →911 Rescue		

• Emergency Care Guidelines		
• Medical Directive		
• Emergency Supplies/Medications		
• Appropriate Drugs/Dosages		
Providers		
• VA Licensure/Level of Preparation		
• CPR Certification		
• Supervision of LPN Provider		
Resource Personnel/Supervision		
Documentation of Patient Record		
• Date, Vaccine, Inj. Site, Expiration Date, Lot #, Administering Person's Signature		

RECOMMENDATIONS

Approved: _____ **Date:** _____

I. Name, Address and Phone Number of Medical Director (Pharmacy's physician who signed the protocol)

Name: _____

Address: _____

Phone number: _____

II. A Signed and Dated Medical Directive

I, _____, MD or NP licensed in the state of Virginia do hereby authorize _____ to administer immunizations to patients in accordance with the laws and regulations of the State of Virginia. In exercising this authority, the licensee shall comply with the protocol for administration of immunizations. This medical directive also covers emergency care if it is necessary.

The participants must agree to any significant changes in the protocol.

Date _____

Signatures:

Physician _____ License # _____

III. Informed Consent Form

Consent for Administration of Vaccine

- | | | |
|-------------------|---------------------------|------------------------------|
| _____ Hepatitis A | _____ Meningococcal | _____ Influenza - Intranasal |
| _____ Hepatitis B | _____ Pneumococcal | _____ Influenza |
| _____ Varicella | _____ Tetanus, Diphtheria | _____ Human Papillomavirus |

_____ Measles, Mumps, Rubella _____ Rabies _____ Herpes Zoster

_____ Other: _____, _____, _____

I have read, or have had read to me, the information regarding the vaccine/vaccines marked above. I have had the opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine/vaccines. I consent to, or give consent for, the administration of the vaccine/vaccines marked above to:

Name (print)

Signature

Date of vaccination: _____

Dose of vaccination: _____

Site of vaccination: _____

Vaccine Manufacturer & Lot Number: _____

Expiration Date: _____

Signature of administrator of vaccine: _____

The following sources will provide current information related to specific immunizations:

- <https://www.vdh.virginia.gov/news/public-relations-contacts/archived-news-releases/2019-regional-news-releases/august-is-national-immunization-awareness-month/>
- <https://www.cdc.gov/vaccines/index.html>
- <https://immunize.org/>