

Insert your
School Identifier Here

Model Plan for

Standing Order for School-Located Vaccine Clinics

The following order provides direction to be followed at mass immunization clinics designated as School-Located Vaccine Clinics (SLVCs).

1. The school staff may work in coordination with other entities to order vaccine, manage inventory and/or administer vaccine at the school immunization clinics.
2. The school staff will use the Vaccine Health Screen and Permission Form (found in SLVC Toolkit) provided by the Maine Immunization Program to obtain relevant health history for the purpose of determining possible contraindications to receiving vaccine.
3. Vaccine clinic staff will screen for moderate or severe illness (including fever > 100) in clients. Persons who are moderately or severely ill should usually wait until they recover before getting any vaccine. If the client is ill, they should be directed to another SLVC for vaccination or to their healthcare provider. Persons with mild illness can usually get the vaccine.
4. An emergency plan must be in place in the event of anaphylaxis or symptoms of immediate hypersensitivity following administration of the vaccine. (See Part 4 of the SLVC Toolkit).

Prior to the clinic, clinic staff shall be familiar with the emergency procedures for anaphylaxis and the administration of Epinephrine and Benadryl.

Note: An Emergency Kit containing the following items must be at the clinic site:

- Aqueous epinephrine 1:1000 dilution, in ampules, vials of solution or prefilled syringes, including epinephrine autoinjectors (e.g., EpiPen). If epinephrine autoinjectors are to be stocked, both junior dose (0.15 mg) and adult dose (0.30 mg) should be available.
- Diphenhydramine (Benadryl) oral (12.5 mg/5 mL suspension) and 25 or 50 mg capsules or tablets.
- Syringes: 1-3 cc, 22-25g 1", 1 ½", and 2" needles for epinephrine and diphenhydramine (Benadryl).
- Pediatric and adult airways (small, medium, and large).
- Alcohol swabs
- Blood pressure cuffs (child, adult & extra-large) and stethoscope
- Pediatric and adult size pocket masks with one-way valve

- Tongue depressors
- Flashlight with extra batteries (for examination of mouth and throat).
- Wrist watch
- Tourniquet
- Cell phone or access to an on-site phone

Ref: Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition; U.S. DHHS, CDC; May 2012, Appendix D-19

5. There must be a second responsible person present at each clinic site while vaccine is being administered in order to activate the Emergency Medical Services if necessary. The second person may be from a program other than the school.
 6. There shall be no pre-filling of syringes at clinics if using multi-dose vials. All doses of vaccine and emergency medication shall be drawn up at the time of administration.
 7. During the clinic, if the vaccine is stored in a transport container/cooler, the insulating barrier must be left in place between the vaccine and the refrigerated/frozen packs, and cold chain must be maintained.
 8. During the clinic, cooler temperatures will be checked at least hourly to ensure that the cold chain is not broken. If the temperature range is out of the acceptable CDC ranges for storage of vaccine (36° to 46°F) the following action must be taken immediately:
 - a. Label the vaccine that it has been stored out of temperature range.
 - b. Notify the vaccine provider.
 - c. Notify the [manufacturer](#) of the product for instructions in handling the vaccine.
 - d. Notify the Maine Immunization Program (287-9972) if vaccine comes from the Maine Immunization Program.
 9. The clinic health care staff shall verify that the Vaccine Health Screening and Permission Form is complete and shall be used for the purpose of determining possible contraindications to receiving the vaccine.
- Recommended best practice is to keep a copy of the Vaccine Health Screening and Permission Form according to the school health record retention schedule.
10. Persons with a negative health history (no contraindications) or who have written permission from their primary health care provider may receive the vaccine.
 11. Clinic health care staff shall have their own sharps container at their station. During use, sharps containers shall be:

- a. Easily accessible to personnel and located at the area where sharps are used or can be found.
- b. Maintained upright throughout use.
- c. Replaced when $\frac{2}{3}$ full.
- d. Accounted for at all times.

The clinic health care staff shall notify the client that they are expected to remain at the clinic site for 15 minutes after receiving the vaccine for the purpose of observing for a reaction to the vaccine.

If an adverse reaction should occur, the clinical health care staff shall refer to “Medical Management of Vaccine Reactions in Children and Teens” available at www.immunize.org/catg.d/p3082a.pdf and the Model Emergency Plans provided in Part 4 of the SLVC Toolkit.

School Physician – Print Name

School Physician Signature

Date