



Date: September 22, 2021

BCD 2021-08

To: Wisconsin COVID-19 Vaccinators

From: Ryan Westergaard, MD, PhD, MPH Chief Medical Officer and State Communicable Disease Epidemiologist Bureau of Communicable Diseases

## Standing Prescription Order for COVID-19 Vaccines

### PLEASE DISTRIBUTE WIDELY

This standing prescription order is issued by Dr. Ryan Westergaard, Chief Medical Officer and State Epidemiologist for the Department of Health Services (DHS) of the State of Wisconsin. It replaces the previous standing prescription order for COVID-19 vaccines issued on January 19, 2021, which is no longer active.

In order to reduce morbidity and mortality from COVID-19 by SARS-CoV-2, this order authorizes personnel to vaccinate persons who are eligible to receive a COVID-19 vaccine based on criteria recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be valid under this order, all COVID-19 vaccines must be administered in strict accordance with procedures specified in the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) or in the full FDA approval. Additionally, COVID-19 vaccination must be conducted in accordance with requirements related to patient eligibility, staff training, and an appropriate plan of care, as described in detail below.

#### Staffing requirements

A COVID-19 vaccination can be obtained under this order. Only appropriately trained and qualified medical personnel, working in their state scope of practice, will administer COVID-19 vaccine. Vaccination teams will consist of the minimum of a registered nurse in collaboration with a provider. Providers, as defined under this order, include licensed physicians, nurse practitioners, physician assistants, and pharmacists. Other personnel working in health related fields are eligible to participate in vaccination teams if they have a current Wisconsin license or other appropriate certification to work in any of the following roles: certified medical assistants (including military medics of military occupational series 68W/4N), emergency medical practitioners (Emergency Medical Responder, Emergency Medical Technician, Advanced EMT, Intermediate EMT, Paramedic and Critical Care Paramedic), dentists, dental hygienists, veterinarians, and veterinary technicians. The registered nurse will verify completed competency and training of other personnel who are eligible to administer COVID-19 vaccine as part of a vaccination team.

Staff administering vaccine will hold a current certificate in basic cardiopulmonary resuscitation. This requirement is satisfied by, certification completion in basic cardiopulmonary resuscitation by a program accredited American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education, or the Accreditation Council for Continuing Medical Education.

Students in the health sciences, including Emergency Medical Services (EMS) practitioners, nursing, pharmacy, medicine or dentistry, may also administer COVID-19 vaccines as part of a vaccination team if they complete required training and have a signed letter of agreement with their educational institution and a local public health (LPH) nursing supervisor or local medical advisor.

In the absence of on-site provider, a registered nurse will be in charge of the vaccination site. The registered nurse in-charge of the site will provide all measures to assure patient safety, quality of care, staff possess required training and vaccine site protocols are adhered to. All vaccination sites must have personnel with training and access to the [Wisconsin Immunization Registry \(WIR\)](#).

### **Training Requirements**

COVID-19 vaccine can be administered by certified personnel who have received appropriate training from DHS or another organization using DHS-approved materials pertaining to COVID-19 vaccination procedures. The training must include:

1. COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
2. Adverse Events Following Immunization
3. Vaccine Adverse Event Reporting System
4. Manufacturer Vaccine Specific training
5. Vaccine Administration, and
6. Vaccine Storage and Handling.

Each staff member participating in the vaccination program will demonstrate the tasks required to perform their appropriate role within the vaccination program to include vaccine administration, immunization protocols, vaccination site procedures, and emergency procedures. All staff will have their competencies verified and documented by the nurse or provider in charge of the vaccine site.

### **Patient Eligibility**

1. As of the effective date of this order, COVID-19 vaccines are approved and/or authorized only for individuals within certain age groups, and age eligibility varies by vaccine product. Vaccines may only be administered to individuals who meet age eligibility and do not have any contraindications for the vaccine product, as specified in the published ACIP recommendations.
2. The vaccine recipient (and their parent or guardian) must receive information from the vaccine administrator, information on the COVID-19 vaccine that is consistent with and including the “Fact Sheet for Recipients and Caregivers” prior to receiving the vaccine.
3. The recipient or their parent or guardian has the option to accept or refuse the COVID-19 vaccine.

## **Plan of Care Requirements**

DHS-supported vaccination sites must ensure that all of the following requirements specified in EUA or full FDA approval are met:

1. COVID-19 recipients must receive a copy of the EUA fact sheet for recipients and caregivers when applicable. Provide non-speaking English patients with a copy in their native language, if available and preferred.
2. The vaccine information must be entered into the WIR within 24 hours of administration, unless the individual has opted out of WIR.
3. The vaccination clinic is responsible for mandatory reporting of the following to the Vaccine Adverse Event Reporting System (VAERS).
  - Vaccine administration errors whether or not associated with an adverse event
  - Serious adverse events (irrespective of attribution to vaccination)
  - Cases of Multi-System Inflammatory Syndrome (MIS) in adults
  - Cases of COVID-19 that result in hospitalization or death
4. The vaccination provider is responsible for responding to FDA requests for information about vaccine administration errors, adverse events, cases of MIS in children and adults and cases of COVID-19 that result in hospitalization or death following administration of COVID-19 Vaccine to recipients.

## **Instructions to Staff**

Ensure vaccine site and staff observe all current state and CDC guidelines for COVID-19 mitigation practices.

1. Screen all patients for contraindications and precautions to the COVID-19 Vaccine.
2. Check the expiration date prior to preparing or administering vaccine. Expired vaccine or diluent should NEVER be used. As additional stability data become available, the expiration dates for some products may change.
3. Provide vaccine per COVID-19 vaccine prescribing information to include:
  - Proper dosage prescription
  - Adherence to vaccine freezing storage, thawing and refrigeration requirements prior to administration
  - Adherence to dosing schedule for two dose COVID-19 vaccines and additional third dose, when applicable
  - Record date and time of first use on COVID-19 vaccination vial and discard as prescribed
4. Monitor vaccine recipient after vaccination for occurrence of immediate adverse reactions according to DHS and CDC guidance.
5. Be prepared to manage medical emergency related to the administration of vaccines. Ensure the statewide 911 system and EMS information is located at the vaccination site. The name and telephone number of the service must be in the possession of personnel staffing each vaccination site and clearly posted. A telephone, landline, or cell phone, shall be readily

available to the staff. Epinephrine in prefilled auto injector or prefilled syringe for adult and pediatric anaphylaxis should be available.

6. Provide all vaccine recipients with one-page V-Safe enrollment sheet at time of vaccination and encourage enrollment. Educate that V-Safe is a smart-phone based tool that uses text messaging and web surveys to provide personalized health check-ins after a patient receives a COVID-19 vaccination and reminds patient of the second dose timing.
7. Ensure the minimum interval of recommended days between first and second dose for COVID-19 vaccine is observed with plans to complete the primary vaccine series when applicable. COVID-19 vaccines are not interchangeable (i.e., if the first dose is Moderna, then the second dose must also be Moderna).
8. An additional COVID-19 vaccine dose is recommended for moderately to severely immunocompromised people after an initial 2-dose primary mRNA vaccine series. The additional dose should be administered at least 28 days following completion of the initial 2-dose series. The additional mRNA COVID-19 vaccine dose should be the same vaccine product as the initial 2-dose mRNA vaccine primary series. If the mRNA COVID-19 vaccine product given for the first two doses is not available, the other mRNA COVID-19 vaccine product may be administered.
9. Document all immunizations administered to vaccine recipients into the WIR data system, unless the individual has opted out of WIR. Include date, immunization given, dose, and anatomical location of administration, lot number, manufacturer, and identification of the person administering the vaccine. If vaccine is not given, record the reason for non-receipt
10. Provide a vaccination card to recipient or their caregiver with the date when the recipient needs to return for the second dose of COVID-19 vaccine as required by the FDA and EUA fact sheet for health care providers.
11. Adverse events occurring after administration of any vaccine should be reported to 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>.
12. Before vaccination with the second or third dose, verify the person's previous dose history by reviewing WIR and the CDC vaccination record card received during the initial COVID-19 vaccination. If a person provides documentation of previous vaccination that is not visible in the immunization record, transcribe all available elements (date of vaccination, product name, manufacturer, dose, lot number) into the immunization module before proceeding with administration of the second or third dose.

This Order is effective as of the date below and shall remain effective until withdrawn by Dr. Westergaard or his designee. Dr. Westergaard retains the right to modify or supplement this Order as needed



---

**Dr. Ryan Westergaard**

**September 22, 2021**

---

**Date**

Chief Medical Officer and State Epidemiologist for Communicable Diseases  
Wisconsin Department of Health Services