**Purpose**

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP).

**Policy**

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the “Procedure” section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**Procedure**

Assess persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:

- No complete 2-dose COVID-19 vaccination history, regardless of brand. If 2 doses of a same-brand or mixed-brand series have been administered, no additional doses are recommended.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, a second dose of the same brand should be administered.
  - This vaccine is administered in a 2-dose series. Separate doses by at least 28 days.*

- Moderna COVID-19 Vaccine should not be administered at the same time as other vaccines. Separate Moderna COVID-19 Vaccine from other vaccines by 14 days before or after the administration of Moderna COVID-19 vaccine.

- Moderna COVID-19 Vaccine should be deferred for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.

- Screen for contraindications and precautions.

**Sex and Weight of Patient | Needle Gauge | Needle Length | Injection Site†**
---|---|---|---
Female or male fewer than 130 lbs | 22–25 | ⅝" – 1" | Deltoid muscle of arm
Female or male 130–152 lbs | 22–25 | 1" | Deltoid muscle of arm
Female 152–200 lbs | 22–25 | 1–1½" | Deltoid muscle of arm
Male 153–260 lbs | 22–25 | 1–1½" | Deltoid muscle of arm
Female 200+ lbs | 22–25 | 1½" | Deltoid muscle of arm
Male 260+ lbs | 22–25 | 1½" | Deltoid muscle of arm

* If the second dose of Moderna COVID-19 Vaccine was given as early as 24 days after the first dose, then do not repeat a second dose.
† Alternatively, the anterolateral thigh also can be used.
§ Some experts recommend a 5/8-inch needle for men and women who weigh less 130 pounds. If used, skin must be stretched tightly (do not bunch subcutaneous tissue).
Moderna COVID-19 Vaccine
Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older

- Administer 0.5 mL Moderna COVID-19 Vaccine by intramuscular (IM) injection.
- Document vaccination.
  - COVID-19 vaccination providers must document vaccine administration in their medical record systems within 24 hours of administration and use their best efforts to report administration data to the relevant system (e.g., immunization information system) for the jurisdiction as soon as practicable and no later than 72 hours after administration.
  - Document each recipient's vaccine administration information:
    » Medical record: The vaccine and the date it was administered, manufacturer, lot number, vaccination site and route, name and title of the person administering the vaccine
    » Vaccination record card: Date of vaccination, product name/manufacturer, lot number, and name/location of the administering clinic or healthcare professional. Give to the vaccine recipient.
    » Immunization information system (IIS): Report the vaccination to the appropriate state/local IIS.
- Additional preparation and administration information is available on the manufacturer’s website at https://www.modernatx.com/.

- Be prepared to manage medical emergencies.
  - Vaccination providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
    » Persons with a history of any anaphylaxis: 30 minutes
    » All other persons: 15 minutes
  - Have a written protocol to manage medical emergencies following vaccination, as well as equipment and medications, including at least 3 epinephrine prefilled syringes or autoinjectors, H1 antihistamine, blood pressure cuff, and stethoscope and timing device to assess pulse.

- For more information, please see:
  » CDC’s General Best Practice Guidelines for Immunization, “Preventing and Managing Adverse Reactions,” at https://www.cdc.gov/vaccines/hcp/acip-recs/generalrecs/adverse-reactions.html
  » Immunization Action Coalition's “Medical Management of Vaccine Reactions in Adults in a Community Setting” at https://www.immunize.org/catg.d/p3082.pdf

- Report adverse events to the Vaccine Adverse Event Reporting System (VAERS).
  - While this vaccine is under Emergency Use Authorization (EUA), healthcare professionals are required to report to VAERS:
    » Vaccine administration errors (whether associated with an adverse event [AE] or not)
    » Serious AEs (irrespective of attribution to vaccination)
    » Multisystem inflammatory syndrome (MIS) in adults or children
    » Cases of COVID-19 that result in hospitalization or death
    » Any additional AEs and revised safety requirements per the Food and Drug Administration’s conditions for use of an authorized vaccine throughout the duration of the EUA
  - Healthcare professionals are encouraged to report to VAERS:
    » Clinically important adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse event.

**Standing Orders Authorization**

This policy and procedure shall remain in effect for all patients of the ____________________________ effective _____________ until rescinded or until ______________.

Medical director (or other authorized practitioner)
_______________________________________/_____________________________________

Adapted from Immunization Action Coalition Standing Orders templates. These templates for routinely recommended vaccines can be found at https://www.immunize.org/standing-orders/. We thank the Immunization Action Coalition for the use of their resources.