Standing Order for SARS-CoV-2 (COVID) Vaccine

A. **EFFECTIVE DATE:**
   March 1, 2022

B. **PURPOSE:**
   The purpose of this standing order is to reduce the morbidity and mortality of the SARS-CoV-2 virus by vaccinating adults and adolescents 5 years and older, as permitted by the Pfizer/BioNTech Food and Drug Administration (FDA) Emergency Use Authorization (EUA) or 18 years and older, as permitted with the Moderna/Janssen FDA EUA, in accordance with recommendations by the Center for Disease Control and Prevention’s (CDC) Vaccination Program and the criteria established by the Advisory Committee on Immunization Practices (ACIP).

C. **POLICY:**
   This standing order authorizes any healthcare provider licensed to administer immunizations in the State of Connecticut and/or meets the qualifications under the Connecticut Governor’s Executive Order and/or the Federal Prep Act, to administer COVID vaccines available to individuals 5 years old and older under the Pfizer/BioNTech FDA EUA, or 18 years and older, as permitted with the Moderna/Janssen FDA EUA.

   All credentials of personnel vaccinating must be active and in good standing in the State of Connecticut.

   Vaccine administration prioritization should align with the COVID Vaccine Phases of Eligibility established by the State of Connecticut.

   All personnel described in this section should administer the vaccine as outlined in the procedure below.

   Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event of an acute anaphylactic reaction following administration of the vaccine. Emergency medications may be administered under the scope of practice of the individual healthcare provider’s license as outlined in this procedure, or in the case of epinephrine, under the Connecticut Governor’s Executive Order Expanding Authorized Professions to Administer Vaccines (dated 12/7/20).

D. **SCOPE:**
   This policy applies to vaccine administered by licensed UConn Health personnel or qualified affiliates not authorized to independently prescribe vaccine.

E. **DEFINITIONS:**
   Standing order- order initiated by appropriate licensed personnel per designated procedures, without a patient specific order, if the patient meets certain criteria
F. MATERIAL(S) NEEDED:
COVID vaccine, diluent (if applicable), syringes and needles for administration, medication labels, personal protective equipment (PPE), cleaning supplies, hand sanitizer, vaccine documentation cards, sharps containers, hardware with access to the integrated electronic medical record for appointments and documentation, access to COVID-Vaccine EUA Fact Sheets for Recipients and Caregivers, emergency medications, and cold compress.

G. PROCEDURE:
1. Criteria for COVID-19 vaccine
   a. Pfizer-BioNTech COVID-19 vaccine for persons aged 12+ (purple cap)
      i. Assess persons 12 years of age and older for vaccination with Pfizer-BioNTech COVID-19 Vaccine based on the following criteria:
         1. History of complete two-dose primary mRNA COVID-19 vaccination, regardless of brand, or complete single-dose adenovirus COVID-19 vaccination. If two doses of a same-brand or mixed-brand series have been administered, assess for eligibility of a 3rd dose or booster. If one dose of a single-dose adenovirus COVID-19 vaccination has been administered, any one of the FDA approved vaccines should be administered as a booster. Individuals who are immunocompromised should get a 3rd dose of an mRNA vaccine only.
         2. If the recipient has received one previous dose of Pfizer-BioNTech COVID-19 Vaccine, a second dose of the same brand should be administered.
         3. The Pfizer-BioNTech COVID-19 Vaccine is administered as a primary series of 2 doses (0.3 mL each) 3 weeks apart in individuals 12 years of age or older. A third primary series dose of the Pfizer-BioNTech COVID-19 Vaccine (0.3 mL) at least 28 days following the second dose is authorized for administration to individuals at least 12 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.
         4. A booster dose
            a. A single Pfizer-BioNTech COVID-19 Vaccine booster dose (0.3 mL) may be administered intramuscularly at least 5 months after completing the primary series to individuals 12 years of age and older.
            b. A single booster dose of the Pfizer-BioNTech COVID-19 Vaccine may be administered to individuals 12 years of age and older as a heterologous booster dose following completion of primary vaccination with another authorized COVID-19 vaccine. The eligible population(s) and dosing interval for the heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.
      b. Pfizer-BioNTech COVID-19 Vaccine for persons aged 5 to less than 12 years old (orange cap)
         i. Assess persons 5 to less than 12 years of age and older for vaccination with Pfizer-BioNTech COVID-19 Vaccine based on the following criteria:
            1. History of complete two-dose primary Pfizer-BioNTech COVID-19 vaccination. If the patient has received 2 doses of the pediatric Pfizer-BioNTech COVID-19 vaccine, they are considered fully vaccinated and are not recommended to receive any additional doses at this time unless they are moderately to severely immunocompromised.
            2. If the patient is moderately to severely immunocompromised, they should receive an additional primary dose of the Pfizer-BioNTech age appropriate vaccine at least 28 days after completion of their initial 2-dose series.
ii. COVID-19 vaccination should be temporarily deferred as a precautionary measure during the time period specified below after receiving passive antibody products to avoid potential interference of the product with vaccine-induced immune responses:

a. Passive antibody product used for post-exposure prophylaxis: defer COVID-19 vaccination for 30 days
b. Passive antibody product used for COVID-19 treatment: defer COVID-19 vaccination for 90 days
   o However, if passive antibody products and a COVID-19 vaccine dose are administered within these recommended deferral periods (30 or 90 days), the vaccine dose does not need to be repeated.
   o For people receiving antibody products not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), patients may receive any of the FDA approved COVID-19 vaccine without a minimum time interval in between antibody administration and COVID-19 vaccine administration.

a. Pfizer-BioNTech COVID-19 Vaccine for persons aged 5 to <12 (orange cap)
   i. Assess patients based on age for this vaccine. If the patient is from 5 to <12 years old, they are eligible for the vaccine if there are no other contraindications.
   ii. The Pfizer-BioNTech COVID-19 Vaccine, which is supplied in a multiple dose vial with an orange cap and a label with an orange border, is administered, after dilution, as a primary series of 2 doses (0.2 mL each) 3 weeks apart in individuals 5 through 11 years of age.
   iii. A third primary dose of the Pfizer-BioNTech COVID-19 Vaccine supplied in multiple dose vials with orange caps and labels with orange borders (0.2 mL) at least 28 days following the second dose is authorized for administration to individuals 5 through 11 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

b. Moderna COVID-19 vaccine
   i. Assess persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:
      1. History of complete two-dose mRNA COVID-19 vaccination, regardless of brand, or complete single-dose adenovirus COVID-19 vaccination. If two doses of a same-brand or mixed-brand series have been administered, assess for eligibility of a 3rd dose or booster. If one dose of a single-dose adenovirus COVID-19 vaccination has been administered, any one of the FDA approved vaccines should be administered as a booster. Individuals who are immunocompromised should get a 3rd dose of an mRNA vaccine only.
      2. If the recipient has received one previous dose of Moderna COVID-19 Vaccine, a second dose of the same brand should be administered.
      3. The Moderna COVID-19 Vaccine is administered as a primary series of two doses (0.5 mL each) 1 month apart to
individuals 18 years of age or older. A third primary series dose of the Moderna COVID-19 Vaccine (0.5 mL) at least 1 month following the second dose is authorized for administration to individuals at least 18 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

4. The booster dose of the Moderna COVID-19 Vaccine is 0.25 mL. A single Moderna COVID-19 Vaccine booster dose (0.25 mL) may be administered intramuscularly at least 5 months after completing a primary series of the Moderna COVID-19 Vaccine to individuals 18 years of age and older.

5. A single booster dose of the Moderna COVID-19 Vaccine (0.25 mL) may be administered as a heterologous booster dose following completion of primary vaccination with another authorized or approved COVID-19 vaccine. The eligible population(s) and dosing interval for the heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.

6. COVID-19 vaccination should be temporarily deferred as a precautionary measure during the time period specified below after receiving passive antibody products to avoid potential interference of the product with vaccine-induced immune responses:

   c. Passive antibody product used for post-exposure prophylaxis: defer COVID-19 vaccination for 30 days
   d. Passive antibody product used for COVID-19 treatment: defer COVID-19 vaccination for 90 days
      o However, if passive antibody products and a COVID-19 vaccine dose are administered within these recommended deferral periods (30 or 90 days), the vaccine dose does not need to be repeated.
      o For people receiving antibody products not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), patients may receive any of the FDA approved COVID-19 vaccine without a minimum time interval in between antibody administration and COVID-19 vaccine administration.

   c. Janssen COVID-19 Vaccine
      i. Assess persons 18 years of age and older for vaccination with Janssen COVID-19 Vaccine based on the following criteria:
         1. History of complete two-dose primary mRNA COVID-19 vaccination, regardless of brand, or complete single-dose adenovirus COVID-19 vaccination. If two doses of a same-brand or mixed-brand series have been administered, assess for eligibility of a 3rd dose or booster. If one dose of a single-dose adenovirus COVID-19 vaccination has been
administered, any one of the FDA approved vaccines should be administered as a booster.

2. This vaccine is administered as a single-dose (0.5 mL) primary regimen to individuals 18 years of age and older.

3. A single Janssen COVID-19 Vaccine booster dose (0.5 mL) may be administered at least 2 months after primary vaccination with the Janssen COVID-19 Vaccine, to individuals 18 years of age and older.

4. A single booster dose of the Janssen COVID-19 Vaccine (0.5 mL) may be administered as a heterologous booster dose following completion of primary vaccination with another authorized or approved COVID-19 vaccine. The eligible population(s) and dosing interval for the heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.

5. COVID-19 vaccination should be temporarily deferred as a precautionary measure during the time period specified below after receiving passive antibody products to avoid potential interference of the product with vaccine-induced immune responses:
   
e. Passive antibody product used for post-exposure prophylaxis: defer COVID-19 vaccination for 30 days
   
f. Passive antibody product used for COVID-19 treatment: defer COVID-19 vaccination for 90 days
      o However, if passive antibody products and a COVID-19 vaccine dose are administered within these recommended deferral periods (30 or 90 days), the vaccine dose does not need to be repeated.
      o For people receiving antibody products not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), patients may receive any of the FDA approved COVID-19 vaccine without a minimum time interval in between antibody administration and COVID-19 vaccine administration.

iii. Screen for Contraindications and Precautions for COVID-19 Vaccine
   a. Contraindications for Pfizer-BioNTech and Moderna COVID-19 vaccine:
      i. Severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of either mRNA COVID-19 vaccine.
      ii. Immediate allergic reaction with any severity to a previous dose or component of an mRNA COVID-19 vaccine (including polyethylene glycol [PEG]).
      iii. Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG).
   b. Contraindications for Janssen COVID-19 vaccine:
      i. Known history of a severe allergic reaction to any component of the vaccine, consisting of recombinant adenovirus type vector and the
following inactive ingredients: citric acid monohydrate, trisodium citrate, ethanol, HBCD, and polysorbate-80.

ii. Known history of thrombosis with thrombocytopenia following the Janssen COVID-19 Vaccine or any other adenovirus-vectored COVID-19 vaccines

c. Precautions all COVID-19 vaccines:
   i. History of an immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbate)
   ii. Moderate to severe acute illness

d. Confirm patients or guardian/caregiver have reviewed and understand the current Federal EUA Fact Sheet for Recipients and Caregivers.

e. Confirm all patients or guardian/caregiver have consented to the risk and benefits of receiving the vaccine as outlined in the EUA.

iv. Dosage Forms and Storage
   a. Pfizer-BioNTech COVID-19 vaccine 12+ formulation (grey cap)
      i. Vials contain 2.25mL of vaccine without preservative. DO NOT DILUTE prior to use. Each vial contains at least 6 doses of 0.3mL when using low-dead space syringes/needles.
      ii. Vial should be stored in an ultra-low temperature freezer (-90°C to -60°C). Do NOT store vials in normal freezer (-25°C to -15°C)
      iii. Vials can be thawed in refrigerator or at room temperature
          1. Allow vials to thaw in the refrigerator (2°C to 8°C). May take up to six hours to thaw. Thawed vials can be stored in the refrigerator for up to 10 weeks.
      iv. Regardless of storage conditions, vials should NOT be used more than 9 months after the date of manufacturing printed on the cartons.
   a) Vials that require distribution to offsite clinics with a refrigerator on-site will be transported in an insulated tote with ice packs and a Temperature Monitoring Device (TMD), which is not to exceed 8°C (46°F) for up to 12 hours. Any hours used to transport these vials will count against the 120-hour limit. A Beyond Use Date (BUD) sticker will be placed on the vials upon removal from the freezer that reflect this 120 hour limit, or the manufacturer’s expiration date, whichever is earlier.
      1. Allow vials to thaw at room temperature. May take up to 30 minutes.
         a. Vials may be stored at room temperature for up to 12 hours before first puncture.
         b. Vials may be stored at room temperature for up to 12 hours at room temperature before discarding.
      v. Vaccine drawn in syringes may be used for six hours at room temperature (47°F to 77°F).
      vi. Do not refreeze thawed vaccine
   b. Pfizer-BioNTech COVID-19 vaccine 5 to <12 formulation (orange cap)
      i. The Pfizer-BioNTech COVID-19 Vaccine multiple dose vial with an orange cap and a label with an orange border contains a volume of
1.3 mL and is supplied as a frozen suspension that does not contain preservative.

ii. Each vial must be thawed before dilution.
   1. Vials may be thawed in the refrigerator [2°C to 8°C (35°F to 46°F)] or at room temperature [up to 25°C (77°F)].
   2. Thaw vial(s) of Pfizer-BioNTech COVID-19 Vaccine before use either by:
      a. Allowing vial(s) to thaw in the refrigerator [2ºC to 8ºC (35ºF to 46ºF)]. A carton of 10 vials may take up to 4 hours to thaw, and thawed vials can be stored in the refrigerator for up to 10 weeks.
      b. Allow vial(s) to sit at room temperature [up to 25ºC (77ºF)] for 30 minutes before administration.
      c. Vials may be stored at room temperature [up to 25ºC (77ºF)] for 12 hours prior to use.
   iii. Vials may be stored at room temperature (2°C to 25°C or 35°F to 77°F) for up to 12 hours prior to dilution.
   iv. Vials may be stored at room temperature (2°C to 25°C or 35°F to 77°F) for up to 12 hours after dilution.

   c. Moderna COVID-19 vaccine
      i. Multiple dose vials containing 5.5 mL white to off-white frozen suspension that contains no preservative and should be thawed prior to administration
      ii. Vial should be stored in a freezer (-25°C to -15°C).
      iii. Vials can be thawed in refrigerator or at room temperature
          1. To thaw in refrigerator:
             a. Place 5.5 mL vaccine in refrigerator between 2°C to 8°C for two hours and 30 minutes
          2. To thaw at room temperature:
             a. Place 5.5 mL vaccine in room between 15°C to 25°C for one hour
      iv. Thawed vials that have not been punctured may be kept between 8°C to 25°C for up to 24 hours
          1. Once vial is punctured, vaccine remains viable for 12 hours
      v. Do not refreeze thawed vaccine
      vi. Vaccine drawn in syringes may be used for 6 hours at room temperature.

   d. Janssen COVID-19 Vaccine
      i. Multiple dose vial containing five 0.5 mL doses of colorless to slightly yellow, clear to opalescent suspension that contains no preservative.
      ii. Store intact vials under refrigeration (2°C to 8°C) and do not store frozen.
      iii. Vaccine is initially stored by the manufacturer frozen; if received frozen, thaw prior to use in refrigerator at 2°C to 8°C. If thawing at room temperature (maximally 25°C), may take 1-2 hours to thaw.
      iv. Do not refreeze thawed vaccine.
v. Unpunctured vials may be stored at room temperature (9°C to 25°C) for up to 12 hours.

vi. Vaccine drawn in syringes may be stored under refrigeration (2°C to 8°C) up to six hours or room temperature (9°C to 25°C) up to two hours.

v. Prepare

a. Prepare the Pfizer-BioNTech COVID-19 vaccine 12+ formulation (purple cap)
   i. Once vial is thawed, invert vial ten times but do not shake vial.
   ii. Inspect liquid for any discoloration or if particles are observed.
   iii. Discard any unused vaccine in a syringe after 6 hours. Discard any vaccine left in the vial after 12 hours at room temperature.
   iv. Using aseptic technique, cleanse the vial stopper with an alcohol prep pad, and withdraw 0.3 mL of the vaccine.
      1. Each vial allows for at least 6 total doses. When using low dead-space syringes/needles. Overfill may be used for additional doses if full doses can be withdrawn. If a full dose cannot be withdrawn, discard excess. Do not pool vials to obtain a full dose.

v. Vaccine drawn in syringes may be used for six hours from the time of withdrawal from the vial.

vi. Vaccine drawn in syringes should be appropriately labeled with beyond use date and time.

b. Prepare the Pfizer-BioNTech COVID-19 vaccine 5 to <12 formulation (orange cap)
   i. Thaw vaccine if frozen for 30 minutes at room temperature or for up to 4 hours in the refrigerator.
   ii. Invert vial gently 10 times. Do not shake.
   iii. Inspect liquid in vial prior to dilution for any discoloration or if particles are observed.
   iv. Using 0.9% Sodium Chloride (NS), withdraw 1.3 mL of NS using aseptic technique (21-gauge or narrower needle). Diluent should be stored at room temperature.
   v. **Equalize vial pressure before removing the needle from the vial by withdrawing 1.3 mL of air into the empty syringe**
   vi. Gently invert vial ten times to mix the vaccine. Do NOT shake.
   vii. Inspect liquid for any discoloration or precipitation.
   viii. Record the date and time of dilution on a label and store between 2°C to 25°C.
   ix. Discard any unused vaccine 12 hours after dilution.
   x. Using aseptic technique, cleanse the vial stopper with an alcohol prep pad, and withdraw 0.2 mL of the vaccine.
      1. Each vial allows for 10 total doses. Overfill may be used for additional doses. However, any remaining vaccine that does not equal a full 0.2 mL dose should not be pooled with other remaining vaccine to obtain a full 0.2 mL dose.

c. Prepare the Moderna COVID-19 vaccine
   i. Remove the required number of vial(s) from storage and thaw each before use.
ii. Thaw under refrigerated conditions and once thawed, let vial stand at room temperature for 15 minutes before use.

iii. Swirl vial gently after thawing and between each withdrawal.

iv. Do not shake vial or dilute the vaccine.

v. Inspect liquid for any discoloration and/or other non-product related particulate matter.

vi. Using aseptic technique, cleanse the vial stopper with an alcohol prep pad, and withdraw desired amount of vaccine depending on dose (0.5mL primary series, 0.25mL for boosters).

vii. Record the date and time of first use on a label and store between 2°C to 25°C.

viii. Discard any unused vaccine after 12 hours.

ix. A maximum of 11 doses (range: 10-11 doses) may be extracted from the vial containing 5.5 mL. A vial stopper can be punctured up to 20 times. The number of doses possible will vary depending on type of doses being administered.

x. Do not pool excess vaccine with other vials.

xi. Vaccine drawn in syringes may be used for 6 hours.

xii. Vaccine drawn in syringes should be appropriately labeled with beyond use date and time.

d. Prepare the Janssen COVID-19 Vaccine

i. Before withdrawing each dose, carefully mix the contents of the vial by swirling gently in the upright position for 10 seconds; do not shake.

ii. Each dose is 0.5ml and each vial contains five doses. Do not pool excess vaccine form multiple vials.

iii. Using aseptic technique, cleanse the vial stopper with an alcohol prep pad, and withdraw 0.5 mL of the vaccine.

iv. Vaccine drawn in syringes may be used for six hours under refrigeration or two hours at room temperature.

v. Vaccine drawn in syringes should be appropriately labeled with beyond use date and time.

vi. Discard any unused vaccine if not used within these times

d. Administration

a. Ensure area is cleaned between recipients and don appropriate PPE.

b. Administration of the Pfizer-BioNTech COVID-19 vaccine 12+ formulation (Grey cap)

i. Age group: 12 years of age and older

ii. Dose: 0.3 mL

iii. Route: Intramuscular

iv. Instruction: Administer vaccine in deltoid muscle

v. Person should wait 21 days (+/- 4 days) to receive the second dose of the vaccination

1. Patients who do not receive the 2nd vaccination dose at 21 days should still receive that 2nd dose as soon as possible thereafter.

2. A third primary series dose of the Pfizer-BioNTech COVID-19 Vaccine (0.3 mL) at least 28 days following the second dose
is authorized for administration to individuals at least 12 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

3. A booster dose
   a. A single Pfizer-BioNTech COVID-19 Vaccine booster dose (0.3 mL) may be administered intramuscularly at least 5 months after completing the primary series to individuals who are 18 years of age or older.
   b. A single booster dose of the Pfizer-BioNTech COVID-19 Vaccine may be administered as a heterologous booster dose following completion of primary vaccination with another authorized COVID-19 vaccine. The eligible population(s) and dosing interval for the heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.
   vi. All vaccine recipients should be monitored for at least 15 minutes following each vaccination dose
      1. Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause should be observed for 30 minutes.

c. Administration of the Pfizer-BioNTech COVID-19 vaccine 5 to <12 formulation (orange cap)
   i. Age group: 5 to <12 years of age
   ii. Dose: 0.2 mL
   iii. Route: Intramuscular
   iv. Instruction: Administer vaccine in deltoid muscle
   v. Person should wait 21 days (+/- 4 days) to receive the second dose of the vaccination
      1. Patients who do not receive the 2nd vaccination dose at 21 days should still receive the 2nd dose as soon as possible thereafter.
      2. A third primary series dose of the Pfizer-BioNTech COVID-19 Vaccine at 28 days following the second dose is authorized for administration to individuals 5 through 11 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.
   vi. All vaccine recipients should be monitored for at least 15 minutes following each vaccination dose
      1. Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons
with a history of anaphylaxis due to any cause should be observed for 30 minutes.

d. Administration of the Moderna COVID-19 Vaccine
   i. Age group: 18 years of age and older
   ii. Primary series and 3rd dose: 0.5 mL, booster dose: 0.25mL
   iii. Route: Intramuscular
   iv. Instruction: Administer vaccine in the deltoid muscle
   v. Person should wait 28 days (+/- 4) to receive the second dose of the vaccination.
      1. Patients who do not receive the 2nd vaccination dose at 28 days should still receive that 2nd dose as soon as possible thereafter.
   vi. All vaccine recipients should be monitored for at least 15 minutes following each vaccination dose
      1. Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause should be observed for 30 minutes.
      2. A third primary series dose of the Moderna COVID-19 Vaccine (0.5 mL) at least 1 month following the second dose is authorized for administration to individuals at least 18 years of age who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.
      3. The booster dose of the Moderna COVID-19 Vaccine is 0.25 mL. A single Moderna COVID-19 Vaccine booster dose (0.25 mL) may be administered intramuscularly at least 5 months after completing a primary series of the Moderna COVID-19 Vaccine to individuals who are at least 18 years of age or older.
      4. A single booster dose of the Moderna COVID-19 Vaccine (0.25 mL) may be administered as a heterologous booster dose following completion of primary vaccination with another authorized or approved COVID-19 vaccine. The eligible population(s) and dosing interval for the heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.

e. Administration of the Janssen COVID-19 Vaccine
   i. Age group: 18 years of age and older
   ii. Dose: 0.5 mL
   iii. Route: Intramuscular
   iv. Instruction: Administer vaccine in the deltoid muscle
   v. The primary vaccination regimen for the Janssen COVID-19 Vaccine is a single-dose (0.5 mL) administered to individuals 18 years of age and older.
   vi. A single Janssen COVID-19 Vaccine booster dose (0.5 mL) may be administered at least 2 months after primary vaccination with the
Janssen COVID-19 Vaccine, to individuals 18 years of age and older. A single booster dose of the Janssen COVID-19 Vaccine (0.5 mL) may be administered as a heterologous booster dose following completion of primary vaccination with another authorized or approved COVID-19 vaccine. The eligible population(s) and dosing interval for the heterologous booster dose are the same as those authorized for a booster dose of the vaccine used for primary vaccination.

vii. All vaccine recipients should be monitored for at least 15 minutes following each vaccination dose

1. Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause should be observed for 30 minutes.

Discard syringes and needles in the appropriate sharps containers. Efforts should be made to avoid vaccine waste.

vii. Emergency Protocols
All patients should be observed after receiving vaccine, as outlined in Section G.1. Administration. Personnel observing vaccine recipients should have a current certification in basic cardiopulmonary resuscitation.

a. **Localized Reactions** - If a patient experiences itching and swelling confined to the injection site where the vaccination was given, apply a cold compress to the injection site. Observe patient closely for the development of generalized symptoms until symptoms subside.

b. **Generalized Reactions** - For generalized symptoms (generalized itching, redness, urticarial (hives); or including angioedema (swelling of the lips, face or throat); shortness of breath; shock; or abdominal cramping; **call 911 immediately**.
   a. Healthcare professional should assesses the airway, breathing, circulation and level of consciousness of the patient. Vital signs (heart rate and respirations) monitored every five minutes.
   b. Initiate basic cardiopulmonary resuscitation if necessary.
   c. **For Generalized Hives or Itching**: administer diphenhydramine 25mg intramuscularly or intravenously. Diphenhydramine 25mg may be repeated once if symptoms persist beyond five minutes.
      i. For patients <16 years old, verify weight via Epic or through legal parent/guardian and utilize weight based dosing of 1mg/kg/dose max 25mg. Administer intramuscularly.
   d. **For an anaphylactic reaction**: administer a dose of Epinephrine 0.3 mg/0.3 mL via the Epinephrine auto-injector (0.3ml) (Epi-pen®) IF PATIENT IS OVER 25KG IN WEIGHT. Administer 0.15mg/0.3mL intramuscularly via the Epinephrine auto-injector (0.3ml) (Epi-Pen Jr®) for patients between the weights of 7.5kg to 25kg.
      i. If EMS has not arrived and symptoms are still present, may repeat dose of epinephrine every 5-15 minutes for up to three doses depending on the patient’s response. Additionally, administer methylprednisolone succinate 125mg intravenously or intramuscularly once (if given intramuscularly, avoid the deltoid muscle).
      ii. For residual respiratory symptoms not responding to epinephrine, administer Albuterol (90mcg/actuation) two inhalations for symptom relief.
   e. Monitor the patient closely until EMS arrives. Monitor vital signs (see above) every 5 minutes at a minimum.
c. Record the patient’s reaction to the vaccine (e.g., hives, anaphylaxis), all vital signs and medications administered to the patient, including time of administration, response and the name of the medical personnel who administered the medication and any other relevant clinical information in the electronic medical record.

d. Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or https://vaers.hhs.gov/reportevent.html.

H. ATTACHMENTS:
   State of Connecticut Governor's Order Expanding Authorized Professions to Administer Vaccines, dated December 7, 2020

I. REFERENCES:

J. SEARCH WORDS:
   Emergency, COVID, SARS-CoV-2, Standing order, Vaccine, Moderna, Pfizer, Janssen

K. ENFORCEMENT:
   Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:
   On File

M. COMMITTEE APPROVALS:
   Pharmacy and Therapeutics – March 31, 2021, November 24, 2021
N. FINAL APPROVAL:

1. Bruce T. Liang, MD (Signed)                      03/1/2022
   Bruce T. Liang, MD
   Interim Chief Executive Officer & EVP for Health Affairs
   Dean, School of Medicine

2. Anne Horbatuck (Signed)                      03/1/2022
   Anne D. Horbatuck, RN, BSN, MBA
   Clinical Policy Committee Co-Chair

3. Scott Allen, MD (Signed)                      03/1/2022
   Scott Allen, MD
   Clinical Policy Committee Co-Chair

4. Caryl Ryan (Signed)                           03/1/2022
   Caryl Ryan, MS, BSN, RN
   VP Quality and Patient Services & Chief Nursing Officer

O. REVISION HISTORY:
   Date Issued: 2/16/21
   Date Reviewed: 11/4/2021, 11/24/2021
   Date Revised: 3/9/21, 3/31/2021, 11/12/2021, 3/1/2022