

**Immunization Protocol  
Authority to Immunize  
Authority to Initiate Immunization  
Standing Prescription Order to Administer Immunizations  
(Version: 2021b)**



Pharmacist Name: \_\_\_\_\_, ND License # \_\_\_\_\_, acting as an authorized pharmacist on behalf of the state health officer, according to and in compliance with the North Dakota State Pharmacy Practice Act, may administer the immunizations listed below to patients who are at least 3 years old on the premises of:

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

or elsewhere, as appropriate, through January 31<sup>st</sup>, 2022, unless revoked in writing.

To protect people from preventable infectious diseases that cause needless death and disease, the above pharmacist may administer vaccines against the following diseases that are approved by the U.S. Food and Drug Administration (FDA) to eligible patients, who are at least 3 years old.

Hepatitis A	Hepatitis B	COVID-19
Human papillomavirus	Measles	<i>Haemophilus influenzae</i> type B vaccine
Meningococcal	Mumps	Polio
Pneumococcal	Rubella	Rotavirus
Tetanus	Varicella	Diphtheria
Varicella zoster (shingles) vaccine	Influenza	Pertussis

All vaccines must be administered according to indications and contraindications recommended in current guidelines from the [Advisory Committee on Immunization Practices \(ACIP\)](#).

All IM injectable vaccines will be given in the deltoid muscle. All SC injections will be given in the fatty tissue over the triceps muscle. IN influenza vaccine will be administered in the nostril. Additional guidance may be found at [www.immunize.org/catg.d/p3085.pdf](http://www.immunize.org/catg.d/p3085.pdf).

Other vaccines may be added or deleted from this list by supplementary instruction from the undersigned.

In the course of managing adverse events following immunization, the pharmacist shall follow the [Immunization Action Coalition's Medical Management of Vaccine Reactions in Adult Patients](#). The pharmacist will maintain current certification in CPR.

In the course of immunization, the pharmacy will maintain perpetual records of all the immunizations administered. Before immunization, all vaccine candidates will be questioned regarding contraindications and precautions, such as previous adverse events after immunization, food and drug allergies, current health,

immunosuppression, recent receipt of blood or antibody products, pregnancy, and underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine being offered. All vaccine recipients will be observed for a suitable period of time after the immunization for adverse events.

All vaccine recipients will be given an immunization record. The immunization will be reported to the North Dakota Immunization Information System (NDIIS) within 14 days of administration per NDAC 61-04-11-06(1)(b) and NDCC 43-15-01(1)(b).

The pharmacist will not endeavor to disrupt existing patient-physician relationships. The pharmacist will refer patients needing medical consultation to a physician. The pharmacist will make special efforts to identify susceptible people who have not previously been offered immunizations.

**The pharmacist shall submit evidence of adequate liability insurance (a claim limit of \$1 million and an aggregate limit of \$3 million) upon signature of this agreement. The pharmacist shall submit proof of ND Board of Pharmacy issued pharmacist license carrying the "administration authority."**

The authorization will be valid through January 31<sup>st</sup>, 2022, unless revoked in writing.

Pharmacist Name: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_

Date: \_\_\_\_\_

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State Health Officer Name: Nizar Wehbi, MD

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field Medical Officer Name: Jeffrey Sather, MD

Medical License Number: 8688

Field Medical Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

North Dakota Department of Health

Address: 600 East Boulevard Ave. Dept. 301

City: Bismarck State: ND Zip: 58505

**Reminder: Submit evidence of adequate liability insurance and ND Board of Pharmacy issued license carrying the "administration authority."**