To avoid tracking down the resident’s clinician to obtain an order when a preventative vaccine is due, facilities may consider one of two options.

**OPTION #1: FACILITY STANDING ORDER**

The Centers for Medicare & Medicaid Services (CMS) allows the use of facility approved policy (e.g., standing order) for influenza and pneumococcal vaccines. A standing order policy can be developed and signed by your Medical Director that allows staff to offer and administer the influenza or pneumococcal vaccine per the Centers for Disease Control and Prevention (CDC) recommended schedule (note: this option is not available for COVID-19 and Respiratory Syncytial Virus (RSV) vaccines.

§483.30(b)(3) Sign and date all orders except for influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.

**OPTION #2: ADMISSION ORDER**

A second approach, recommended for influenza, pneumococcal and COVID-19 vaccines only, is to have the admitting physician sign an order for each vaccine that the resident be offered and administered the vaccine per CDC recommended schedule after an assessment for contraindications and discussion with the resident (or representative) about the risk and benefits of the vaccine. This is similar to the physician signing a PRN order at admission for acetaminophen for pain.

This option may not be available for RSV because the CDC ACIP recommendation is currently for use in individuals over the age of 60 using shared clinical decision-making. Given the “shared clinical decision-making” component of the recommendation, it is unclear if an order at admission by the clinician is allowed.