

Guidance for Adopting Vaccine Protocols

Minnesota statute

In Minnesota the authorization to administer vaccines in a setting where the licensed provider (authorized prescriber) is not onsite is done by protocols. This is addressed in the Minnesota Nursing Practice Law. It is called “vaccine by protocol.”

Minnesota statute section 148.235, Subd. 9 ([Sec. 148.235 MN Statutes](http://www.revisor.mn.gov/statutes/cite/148.235) (www.revisor.mn.gov/statutes/cite/148.235)):

A nurse may implement a protocol that does not reference a specific patient and results in the administration of a vaccine that has been predetermined and delegated by a licensed practitioner as defined in section [151.01, subdivision 23](http://www.revisor.mn.gov/statutes/cite/151.01) (www.revisor.mn.gov/statutes/cite/151.01), when caring for a patient whose characteristics fall within the protocol and when the protocol specifies the contraindications for implementation, including patients or populations of patients for whom the vaccine must not be administered and the conditions under which the vaccine must not be administered.

The Board of Nursing is responsible for interpreting the nursing law not the Minnesota Department of Health (MDH).

Vaccine protocols vs. standing orders

Standing orders are patient specific. Patient specific orders are not an efficient mechanism for holding mass immunization clinics without a licensed practitioner onsite. Vaccine protocols are a more efficient mechanism.

Minnesota Board of Nursing information

Find more information about developing or modifying your vaccine protocols to meet the legal requirements at [Minnesota Board of Nursing: Use of Protocols](https://mn.gov/boards/nursing/practice/nursing-practice-topics/use-of-protocols.jsp) (<https://mn.gov/boards/nursing/practice/nursing-practice-topics/use-of-protocols.jsp>).

MDH vaccine protocol templates

The protocols on [Vaccine Protocols](http://www.health.state.mn.us/people/immunize/hcp/protocols/index.html) (www.health.state.mn.us/people/immunize/hcp/protocols/index.html) are templates to use for agencies where the licensed provider is not onsite, and the indications for vaccination are based on recommendations from the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

Read the instructions carefully regarding parts of the template that should be deleted prior to signing. Some prescribed actions may have options that can be chosen based on the practice setting or provider preference.

Providing prescriptions is a necessary task of the licensed practitioner for public health nurses to carry out their duties safely and legally.

It is the responsibility of the nurse to know the scope of practice for those vaccinating using vaccine protocols. Questions about scope of practice should be referred to professional organizations.

Annual protocol review

There is no law requiring that these protocols be re-signed annually by the licensed practitioner. However, the Minnesota Board of Nursing suggests, as a standard of practice, that they be reviewed, updated if necessary, and re-signed annually.

More information

The vaccine protocols and supporting documents are located on [Immunization Best Practices](http://www.health.state.mn.us/people/immunize/hcp/bestpractices.html) (www.health.state.mn.us/people/immunize/hcp/bestpractices.html) under **Administer the vaccine**. To receive a notification when a vaccine protocol has been added or updated, sign up for email updates at the bottom of the page.

Each protocol includes the date it was most recently updated which is included after the title. Once you have personalized the protocol based on your agency's specification delete the instruction paragraph at the top of the page.

Delete this entire paragraph before printing/signing protocol.

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution's clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

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The following table describes each element of the vaccine protocol template and steps needed to adapt a protocol.

Adapting a protocol

Definitions	Action steps
Condition-specific protocol: The specific disease this vaccine protocol is intended to provide protection against.	
Policy of protocol: The parameters of the implementation of the protocol for the nurse.	
Condition-specific criteria: The specifications by which the vaccinator can proceed to vaccinate or not to vaccinate, based on the screening and their assessment. Criteria are organized by indications, contraindications, and precautions.	Review and further delineate the criteria. A licensed practitioner must review the criteria and actions and determine the appropriate action to be prescribed. Delete the sentence in red lettering and the blue "instructions" box before printing/signing.

GUIDANCE FOR ADOPTING VACCINE PROTOCOLS

Definitions	Action steps
Indications: Groups that are or are not recommended for vaccination based on the ACIP recommended indications.	Make sure all the indications for which you give a vaccine are included in the protocols.
Contraindications: A condition that indicates that a vaccine should not be used. Most standard contraindications found in the ACIP recommendations and described on CDC: Contraindications and Precautions (www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html) are included on the templates. All templates will include the two common contraindications that result in a prescribed action to not vaccinate: <ul style="list-style-type: none"> ▪ Anaphylaxis (systemic reaction) to a previous dose. ▪ Anaphylaxis (systemic reaction) to a component in the vaccine. 	Review this section to determine, according to agency practice, if any additional contraindications need to be added or if any existing contraindications should be further delineated.
Precautions: Conditions that usually result in a temporary or permanent deferral of vaccination. The most common precaution is acute moderate or severe illness. <ul style="list-style-type: none"> ▪ The following factors influence how the illnesses are defined and what prescribed actions are taken: <ul style="list-style-type: none"> ▪ The experience level of the nurses. ▪ The specialty of the prescriber. ▪ The availability of immediate medical care in the community. ▪ Whether the nurses will be able to reach the medical prescriber with questions. 	Based on your assessment skills and your experience, determine when to proceed or not with vaccination. Discuss the following with your licensed practitioner and indicate: <ul style="list-style-type: none"> ▪ Temperature threshold for withholding vaccination (e.g. 100.4 or greater). ▪ Symptoms that clarify degree of mild, moderate, or severe illness (e.g. length of symptoms, cough, fever, activity level, appetite). ▪ Symptoms leading to deferral of vaccination (GI symptoms, vomiting, diarrhea, time since last GI symptoms). ▪ For chronic illness (e.g. immune deficiency, cancer, clotting factor deficiencies, seizures), when to refer the patient to the primary care provider for vaccination.
Prescribed actions: Instructions for the nurse when the patient meets or does not meet the criteria. Those listed in the template are suggested actions that might be typical. Those in brackets [like this] may work for some and not for others and are included for consideration.	Review the list of prescribed actions with the licensed practitioner and determine which are appropriate for your agency. Fill in the blanks. Decide what the nurse should do beyond not vaccinating when there is a contraindication or precaution (e.g., call the medical director first, refer patient to a primary care provider, or set up an appointment with the licensed practitioner or an allergist). Insert this information into each protocol you adopt. Decide prescribed actions based on resources in your community and agency. For example: <ul style="list-style-type: none"> ▪ When to refer patients with allergies to a primary care provider, an allergy specialist, or to your agency's own clinic for further evaluation. ▪ Specify what to do if specific products can or cannot be given. ▪ Action to take, besides deferring vaccination until resolution of symptoms, when moderate to severe acute illness has been ascertained. Should the patient be referred to the primary care provider? Urgent care? Should the licensed practitioner be called?

GUIDANCE FOR ADOPTING VACCINE PROTOCOLS

Definitions	Action steps
	<ul style="list-style-type: none"> ▪ Decide how chronic conditions identified for referral should be handled. Should they be referred to a primary care provider? A specialist? Should the medical director be called to determine whether to vaccinate?
Prescription: Must include all the elements that any prescription would require. <ul style="list-style-type: none"> ▪ The templates include this information. ▪ Any special instructions that apply to the vaccine. 	Verify that these elements are included in protocol prescriptions: <ul style="list-style-type: none"> ▪ The name of the drug. ▪ The dosage of the drug. ▪ The route of administration. ▪ The timing (schedule) of the drug.
Medical emergency or anaphylaxis	Follow pre-established agency protocol for anaphylaxis. Make sure all staff knows where the anaphylaxis protocol is and how to follow it.
Questions or concerns	Fill in the contact information for your medical director (prescriber) or designee. Delete the red sentence with instructions.
Signature	Fill in the name of licensed practitioner. Have the licensed practitioner sign and date each protocol.

Minnesota Department of Health
 PO Box 64975
 St. Paul, MN 55164-0975
health.vaccineSME@state.mn.us
www.health.state.mn.us/immunize

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To obtain this information in a different format, call: 651-201-5414.