## NC State Health Director’s Statewide Standing Order for
FDA Authorized Janssen COVID-19 Vaccine Administration
Revised August 16, 2021

### Purpose
To meet the goal of administering FDA-authorized COVID-19 vaccines, and to protect and save lives in the COVID-19 pandemic by vaccinating persons who meet the criteria authorized by the Food and Drug Administration and recommended by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP).

### Policy
This standing order authorizes any North Carolina healthcare provider, in accordance with the conditions of their licensure, or pursuant to orders issued under North Carolina Executive Order 193, or as a covered person under the federal PREP Act, functioning as vaccinating providers (collectively “vaccinators”) to administer COVID-19 Vaccines authorized by the FDA through an Emergency Use Authorization (EUA) and per conditions of this order.

### COVID-19 Vaccination

<table>
<thead>
<tr>
<th>Condition or Situation</th>
<th>Patients (recipients of vaccine), 18 years of age and older, present requesting and consent to Janssen COVID-19 Vaccine and have legal and decisional capacity to consent to the vaccine.</th>
</tr>
</thead>
</table>

### Assessment Criteria

| Assessment Criteria                  | Patients shall be vaccinated with Janssen COVID-19 Vaccine based on:  
|---------------------------------------| 1. the conditions of this order.  
|                                       | 2. no history of complete COVID-19 vaccination, regardless of brand. |

### Plan of Care

#### Actions

1. **Patient Education and Data Collection:**
   - Prior to patients receiving the COVID-19 vaccine, the vaccinator or designee (if delegation permitted by licensure and/or law) shall provide anticipatory guidance regarding vaccination to the patient, which at a minimum shall include:
     - a. CDC Pre-Vaccination Checklist for COVID-19 Vaccine at:
       - [https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf](https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf)
     - b. Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) of the Janssen COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age and older. For the most current version see [https://www.janssencovid19vaccine.com](https://www.janssencovid19vaccine.com)
     - c. Women aged <50 should be made aware of the rare risk of thrombosis with thrombocytopenia syndrome (TTS) among Janssen COVID-19 recipients and the availability of other FDA-authorized COVID-19 vaccines.
     - d. Provide the V-safe information sheet to vaccine recipients/caregivers and encourage vaccine recipients to participate in V-safe.

2. **COVID-19 Vaccination Administration Procedures**
     - [https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)
2. Appropriate medical treatment and clinical staff able to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of COVID-19 vaccine.

3. A medical provider, defined as a physician, physician assistant, nurse practitioner, or a pharmacist authorized to order COVID-19 vaccines by the PREP Act must be accessible to provide medical supervision of the vaccination site/service, to assess and evaluate individuals who present with contraindications or precautions to vaccination, and to answer questions or address problems with carrying out this standing order. This may be telephone or virtual accessibility.

4. Review Precautions, Contraindications, and Criteria or Circumstances for Notifying Medical Provider sections of this standing order before administering the COVID-19 vaccine.

5. Instruct patients with a history of allergic reactions, including severe allergic reactions, NOT related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), that these are NOT contraindications or precautions to vaccination with currently authorized COVID-19 vaccines. Inform these patients that there are unknown risks of developing a severe allergic reaction and they will be observed for any signs of allergic reaction after vaccination. Inform patients who have a history of anaphylaxis they will be observed for 30 minutes and other people for 15 minutes.

6. Instruct patients that persons with a contraindication to one type of a COVID-19 vaccine (e.g., mRNA-Pfizer or Moderna) have a precaution to the other (e.g., viral vector-Janssen/Johnson and Johnson) because of potential cross-reactive hypersensitivity. Consultation with an allergist should be considered prior to vaccination and patients with this precaution should be vaccinated in a health care setting where allergic reactions can be immediately managed and under the supervision of a health care provider experienced in the management of severe allergic reactions. If a patient has this precaution, consult the supervising medical provider.

7. Instruct patients with a history of multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A), there are no data on the safety and efficacy of COVID-19 vaccines in patients with a history of multisystem inflammatory syndrome. The mechanism of MIS-C and MIS-A are not well understood but include a dysregulated immune response to SARS-CoV-2 infection. It is unclear if people with a history of MIS-C or MIS-A are at risk for recurrence of the same dysregulation immune response following reinfection with SARS-CoV-2 or in response to vaccination. Inform the patient that the CDC recommends considering delaying vaccination until they have
recovered from their illness and for 90 days after the date of diagnosis. Inform the patient and/or their guardians that they may want to have a conversation with their clinical team or a specialist to assist with decisions about the use of a COVID-19 vaccine, though a conversation with a healthcare provider is not required before vaccination.


9. Instruct patients who present under the following conditions:
   1. If a patient indicates they are feeling sick, ask them if they have a moderate to severe illness. If patient says yes, consult the supervising medical provider.
   2. Instruct persons with a history of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia, should be offered another FDA-authorized COVID-19 vaccine (i.e., mRNA vaccine) if it has been ≤90 days since their illness resolved. After 90 days, patients may be vaccinated with any FDA-authorized COVID-19 vaccine.
   3. Instruct patients with bleeding disorders or who take blood thinners.
      a. they may have increased bleeding after intramuscular injection, and
      b. to call their primary care provider or seek other medical care if the injection site starts bleeding after leaving the vaccination clinic and cannot be stopped by applying pressure.
   4. Instruct patients who have received passive antibody therapy as a treatment for COVID-19 that COVID-19 vaccination will be deferred for at least 90 days since their last treatment as a precautionary measure to avoid interference of the antibody treatment with vaccine-induced immune responses.
   5. Instruct patients with known current symptomatic SARS-CoV-2 infection their vaccine will be deferred until the patient has recovered from the acute illness and criteria have been met for them to discontinue isolation.
   6. Instruct patients who are immunocompromised that COVID-19 vaccines are not live vaccines and therefore can be safely administered to immunocompromised people. Data suggest the immune response to COVID-19 vaccination might be reduced in some immunocompromised people and the need to continue to follow all current guidance to protect themselves against COVID-19 including wearing a mask, staying 6 feet apart from others they do not live with, avoiding crowds and poorly
<table>
<thead>
<tr>
<th>Section</th>
<th>Instruction</th>
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<tbody>
<tr>
<td>3.</td>
<td><strong>Personal Protective Equipment:</strong> Before administering the COVID-19 vaccination, don appropriate personal protective equipment (PPE) per <a href="https://www.cdc.gov/vaccines/health-care-worker/vaccines-for-hcw.html">CDC guidelines for COVID-19 vaccinations</a> to protect against the transmission of COVID-19.</td>
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| 4. | **Vaccine Preparation and Administration:**  
  1. **Preparation:** Follow manufacturer’s guidance for thawing, storing/handling and mixing vaccine. Refer to: [https://www.fda.gov/media/146304/download](https://www.fda.gov/media/146304/download)  
  2. **Janssen COVID-19 Vaccine Administration:** Administer 0.5 mL Janssen COVID-19 Vaccine by intramuscular (IM) injection in the deltoid muscle of the arm to patients 18 years of age and older. If contraindications exist to using the deltoid, the anterolateral thigh also can be used.  
  3. **Needle Gauge:** Changing needles between drawing up vaccine from a vial and injecting it into a patient is not necessary unless the needle has been damaged, ventilated indoor spaces until advised otherwise by their healthcare professional. Close contacts of immunocompromised people should also be strongly encouraged to be vaccinated against COVID-19 to protect immunocompromised people.  
  7. **Instruct patient** that COVID-19 vaccines are recommended for people who are pregnant or lactating (breastfeeding), trying to get pregnant or might become pregnant in the future. Educate the patient that pregnant women with COVID-19 have an increased risk of severe illness, are at increased risk for preterm birth and might be at increased risk for other adverse pregnancy complications and outcomes, such as preeclampsia, coagulopathy, and stillbirth.  
  8. **Instruct patients** with dermal fillers that they may develop temporary swelling at or near the filler injection site, usually face or lips, after a dose of an COVID-19 vaccine. Administer vaccines to persons with injectable dermal fillers who have no contraindications or precautions to vaccination. These persons should be advised to contact their healthcare provider if swelling develops at or near the site of dermal filler following vaccination.  
  9. **Instruct patients** with a history of Guillain-Barre syndrome (GBS) that they can receive any FDA-authorized COVID-19 vaccine. However, discuss with patients the possible association between the Janssen COVID-19 vaccine and an increased risk of GBS and counsel patients that they should consider receiving an mRNA vaccine to offer protection against COVID-19.  
  10. Consent must be obtained from the patient or the patient's legally authorized representative prior to vaccine administration per agency policy and in accordance with [G.S. 90-21.13](https://www.ncleg.gov/Enactment/LawsOfNc/SessionLaws/2007/07-175.pdf). Consent may be obtained verbally.
contaminated, or if the needle used to draw up the vaccine is not the correct size for the patient based on their reported weight. Patients may self-report their weight for needle selection purposes. See needle sizing chart below:

<table>
<thead>
<tr>
<th>Sex and Weight of Patient Injection Site *</th>
<th>Needle Gauge</th>
<th>Needle Length</th>
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<tbody>
<tr>
<td>Female or male fewer than 130 lbs.</td>
<td>22–25</td>
<td>5/8 ** –1&quot;</td>
</tr>
<tr>
<td>Female or male 130–152 lbs.</td>
<td>22–25</td>
<td>1&quot;</td>
</tr>
<tr>
<td>Female 152–200 lbs.</td>
<td>22–25</td>
<td>1-11/2&quot;</td>
</tr>
<tr>
<td>Male 153–260 lbs.</td>
<td>22–25</td>
<td>1-11/2&quot;</td>
</tr>
<tr>
<td>Female 200+ lbs.</td>
<td>22–25</td>
<td>11/2&quot;</td>
</tr>
<tr>
<td>Male 260+ lbs.</td>
<td>22–25</td>
<td>11/2&quot;</td>
</tr>
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</table>

* 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).

4. If multiple vaccines are administered at a single visit, administer each injection in a different injection site following guidance in the CDC Interim Clinical Considerations at: [https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)

5. **Bleeding Risk**: Patients with blood disorders or who are on blood thinners: administer the vaccine using a 23 gauge or smaller caliber needle, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

6. **Post-vaccination Observation**: Nurses, EMS, or other individuals who are trained and supervised by clinical staff shall observe patients post-vaccination for immediate allergic reactions according to the Centers for Disease Control and Prevention guidelines ([https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)) for the following time periods:

   a. **30 minutes**:

      1. Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy
      2. Persons with a history of anaphylaxis due to any cause
      3. Persons with a contraindication to a different type of COVID-19 vaccine (for example, people with a contraindication to mRNA COVID-19 vaccines who receive Janssen/Johnson and Johnson viral vector vaccine should be observed for 30 minutes following Janssen vaccination).

   b. **15 minutes**: All other persons
7. **Anaphylaxis Management**: Be prepared to manage medical emergencies by following your emergency response policies, procedures, and standing orders for any vaccine reaction, which must include appropriate equipment and medications (e.g., epinephrine, diphenhydramine) where vaccines are provided to respond to severe allergic reactions and anaphylaxis. [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html)

8. **Syncope**: Be prepared to manage syncope as it may occur in association with administration of injectable vaccines, in particular in adolescents. Procedures should be in place to avoid injury from fainting.

9. **Patients vaccinated with COVID-19 vaccines not authorized in the United States**: These patients require a medical consultation. No data are available on the safety or efficacy of receiving a COVID-19 vaccine currently authorized in the United States after receipt of a non-FDA-authorized COVID-19 vaccine. However, in some circumstances people who received a COVID-19 vaccine not currently authorized in the United States may be offered revaccination with an FDA-authorized vaccine:

   i. **COVID-19 vaccines not authorized by FDA but listed for emergency use by World Health Organization (WHO)**
      - Patients who completed a COVID-19 vaccination series with a vaccine that has been listed for emergency use by WHO **do not need** any additional doses with an FDA-authorized COVID-19 vaccine.
      - Patients who are partially vaccinated with a COVID-19 vaccine series listed for emergency use by WHO may be offered a complete FDA-authorized COVID-19 vaccine series. Wait at least 28 days after the last dose of the non-FDA authorized vaccine before administering an FDA-authorized COVID-19 vaccine.

   ii. **COVID-19 vaccines not authorized by FDA or not listed for emergency use by WHO**
      - Patients who completed or partially completed a COVID-19 vaccine series with a vaccine that is not authorized by FDA or not listed for emergency use by WHO may be offered a complete FDA-authorized COVID-19 vaccine series. Wait at least 28 days after the last dose of the non-FDA authorized vaccine before administering an FDA-authorized COVID-19 vaccine.
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<table>
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<tr>
<th>Administration of an FDA-authorized COVID-19 vaccine in these patients should comply with all conditions of use specified under the EUA for the vaccine being used.</th>
</tr>
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<tbody>
<tr>
<td>10. If first dose of mRNA COVID-19 vaccine was received but the patient is unable to complete series with same or different mRNA vaccine (e.g., contraindication) single dose of Janssen COVID-19 vaccine may be administered at minimum interval of 28 days from mRNA dose. (See precaution section if the patient has a contraindication for a different COVID-19 vaccine.) Patient is considered to have received valid, single-dose Janssen vaccination, not a mixed vaccination series (mRNA/viral vector).</td>
</tr>
<tr>
<td>11. <strong>CVMS:</strong> Document vaccine record in CVMS <strong>within 24 hours</strong> after vaccine administration per system guidelines found at: <a href="https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms">https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms</a>. If vaccine is documented in the EHR within 24 hours, providers have <strong>no more than 72 hours</strong> from administration to also enter data in CVMS.</td>
</tr>
<tr>
<td>12. <strong>Electronic Medical Record:</strong> If necessary, for billing or other purposes, document patient COVID-19 vaccination in agency electronic medical record per agency policy.</td>
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<tr>
<td>13. Provide vaccine recipients and/or their legal representative COVID-19 Vaccination Record Card indicating the vaccine dose number, product name/manufacturer, lot number, date of vaccination, name/location of vaccinator and clinic site.</td>
</tr>
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**Follow-up**

1. Vaccinators administering COVID-19 vaccine must report the following information associated with the administration of the vaccine in accordance with the manufacturer’s fact sheets for healthcare providers administering Janssen vaccine: [https://www.fda.gov/media/146304/download](https://www.fda.gov/media/146304/download)
   - Vaccine administration errors, whether associated with an adverse event or not.
   - Serious adverse events (irrespective of attribution to vaccination)
   - Cases of Multisystem Inflammatory Syndrome in adults
   - Cases of COVID-19 that result in hospitalization or death

Complete and submit reports to VAERS online at: [https://vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html). For further assistance with reporting to VAERS, please email info@VAERS.org or call 1-800-822-7967. The reports should include the words “Janssen COVID-19 Vaccine EUA” in the report's description section. Vaccinators are required to follow the instructions in the letter issued by the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) for emergency use of COVID-19 for Janssen COVID-19 Vaccine at: [https://www.fda.gov/media/146303/download](https://www.fda.gov/media/146303/download)

**Precautions for Use of this Order**

1. History of an immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”]).
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<table>
<thead>
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<th>Contraindications for Use of this Order</th>
<th>Criteria or Circumstances for Notifying Medical Provider</th>
</tr>
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</table>
| 1. Do not administer the Janssen COVID-19 Vaccine to individuals with a history of:  
  - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the vaccine  
  - Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.  
  
  *See Appendix C: Interim Clinical Considerations for use of Covid-19 Vaccines Currently Authorized in the United States: [https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)* |
| 1. Allergic reaction: Call 911, implement medical emergency protocols and immediately notify the medical provider providing clinical supervision of the vaccination site/service.  
  2. Patient reports a precaution for the vaccine.  
  3. Patient is unaware of the COVID vaccine that they previously received.  
  4. Patients vaccinated with COVID-19 vaccines not authorized in the US  
  5. Notify the Medical Provider from the organization providing clinical supervision of the vaccination site/service at any time there are questions or problems with carrying out this standing order. |

Approved by: ___________________________  
Date Signed: ___8-16-21______

Elizabeth Cuervo Tilson, MD, MPH  
NPI: 1760540421

This order is effective immediately upon signing and may be revised or revoked by the State Health Director according to his/her discretion. This order will expire upon rescission off the State of Emergency Executive Order Number 116. Legal Authority: [Executive Order 193](https://www.ncdhhs.gov/).