



Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 6205.01

APR 12 2012

J-3B

SUBJECT: Immunizations and Chemoprophylaxis

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with the authority in References (a) through (e), implements the policy in References (f) through (i) for the Joint Task Force National Capital Region Medical (JTF CapMed).
2. APPLICABILITY. This Instruction applies to JTF CapMed Headquarters, Fort Belvoir Community Hospital (FBCH), and Walter Reed National Military Medical Center (WRNMMC) [hereafter FBCH and WRNMMC are referred to as Medical Treatment Facilities (MTFs)].
3. DEFINITIONS. See References (f) through (i).
4. POLICY. It is JTF CapMed policy to follow the guidance in References (f) through (i).
5. RESPONSIBILITIES. See Enclosure 2
6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the JTF CapMed Issuances Web Site at: www.capmed.mil.

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7. EFFECTIVE DATE. This Instruction is effective upon its publication to the JTF CapMed Issuances Website.



CHRISTINE M. BRUZEK-KOHLER
Ed.D., RN, FACHE
Executive Director for Healthcare Operations
By direction of the Commander

Enclosures

1. References
2. Responsibilities

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ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Establishing Authority for Joint Task Force National Capital Region Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified)," September 12, 2007
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CAPMED D-5103.04, "Immunization Delivery Optimization Work Group Charter," April 12, 2012
- (f) Army Regulation 40-562, "Immunizations and Chemoprophylaxis," September 2006
- (g) Bureau of Medicine and Surgery Instruction 6230.15A, "Immunization and Chemoprophylaxis," September 29, 2006
- (h) Air Force Joint Instruction 48-110, "Immunization and Chemoprophylaxis," September 29, 2006
- (i) Coast Guard Commandants Instruction M6230.4F, "Immunization and Chemoprophylaxis," September 29, 2006

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ENCLOSURE 2RESPONSIBILITIES

1. GENERAL. Oversight and guidance for the Immunization and Chemoprophylaxis Program within the NCR is the responsibility of the Immunization Delivery Optimization (IDO) Work Group. The IDO Work Group is the JTF CapMed executive oversight committee and point of contact for all matters related to immunizations and chemoprophylaxis (Reference (e)).

2. IDO WORK GROUP. The IDO Work Group will:

a. Provide oversight and guidance for implementation of the Immunization and Chemoprophylaxis Program consistent with the guidance in References (f) through (i).

b. Ensure coordination with the Army, Navy, Air Force, and Coast Guard for updating this Instruction.

2. MTF COMMANDERS. The MTF Commanders shall:

a. Ensure that individuals administering immunizations are properly trained in accordance with DoD, Service, United States Coast Guard, and Centers for Disease Control and Prevention guidelines, and act within their scope of practice. These training standards will include baseline and annual refresher training.

b. Appoint, in writing, a privileged physician as medical director of any clinic or activity that administers immunizations. These physicians will:

(1) Complete appropriate training in immunization practice in residence or via distance learning.

(2) Be available to address immunization issues; although, it is not required that a physician be present for administration of vaccines.

(3) Approve all standard operating procedures for immunization administration in clinics or other locations where immunizations are administered.

c. Ensure current national standards for adult and pediatric immunizations and chemoprophylactic practices are followed and local practices incorporate requirements of policies contained in Appendix A of References (f) through (i).

d. Ensure patients are evaluated for pre-existing immunity or need for medical exemptions to immunization, and that granted exemptions are documented as discussed in Sections 2-6 of References (f) through (i).

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e. Ensure patients needing evaluation for adverse events after immunization are referred to appropriate medical providers, such as the medical subspecialists, including specialists in immunization health care for evaluation, consultation, or indicated intervention.

f. Ensure compliance with Service policies and procedures for creating and maintaining immunization records.

g. Ensure emergency medical response is available; that personnel who administer immunizations are trained at a minimum in basic cardiopulmonary resuscitation and the administration of epinephrine; that medical personnel practice emergency responses; and that health care providers are available to respond to adverse events resulting from immunization.