Sierra – Sacramento Valley EMS Agency Program Policy			
EMS Personnel Administration Of Intramuscular Influenza &/Or COVID-19 Vaccine			
	Effective: 09/21/2021	Next Review: 09/2024	**808**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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PURPOSE:

To allow EMT, AEMT and/or paramedic personnel (collectively referred to as 'EMS personnel') to administer intramuscular (IM) influenza and/or COVID-19 vaccines to patients ≥12 years of age.

AUTHORITY:

A. HSC, Division 2.5.

B. CCR, Title 22, Division 9.

POLICY:

A. Any organization desiring to utilize EMS personnel to administer influenza and/or COVID-19 vaccines must be approved by S-SV EMS.

B. EMS personnel must have completed S-SV EMS approved didactic and skills training, and be functioning under the oversight of a local public health department or prehospital service provider in order to administer influenza and/or COVID-19 vaccines.

C. Any organization utilizing EMS personnel to administer influenza and/or COVID-19 vaccines is responsible for ongoing QI monitoring of this optional skill.

D. Licensed medical staff (RN or higher) must be on-site at all times when EMS personnel are administering influenza and/or COVID-19 vaccines.

E. Any organization utilizing EMS personnel to administer influenza and/or COVID-19 vaccines shall comply with the following:

1. Ensure that all EMS personnel administering influenza and/or COVID-19 vaccines have received adequate, S-SV EMS approved training.

2. Maintain copies of training records for all EMS personnel trained to administer influenza and/or COVID-19 vaccines.

3. Notify S-SV EMS, by the end of the next business day, of any unusual event involving administration of influenza and/or COVID-19 vaccines by EMS personnel.

PROCEDURE:

A. Vaccine Administration Procedure:

1. Assess the need for the vaccine utilizing current guidance provided by the local public health department. Give the patient a vaccine information sheet, using the appropriately translated sheet for non-English speaking clients.

2. Screen for vaccine contraindications/precautions, and complete the screening questionnaire prior to vaccine administration.

   - Vaccine contraindications:
     - Do not administer vaccines to a person who has an allergic reaction or a serious systemic or anaphylactic reaction to a prior dose of that vaccine or to any of its components. Refer to vaccine manufacturer guidance for a list of vaccine components. Manufacturer package inserts (accessed at: www.immunize.org/fda) also contains a list of ingredients.
   - Precautions for use of vaccines (refer to a physician):
     - Moderate or severe acute illness with or without fever.
     - History of Guillain-Barré syndrome within 6 weeks of a previous vaccination.
     - People with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) that is otherwise appropriate. People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions.
   - Be prepared for management of a medical emergency related to the administration of vaccine. Follow applicable S-SV EMS policies/protocols as necessary.

3. Collect/review the Vaccine Consent/Record of Administration form and confirm consent.

4. To prevent syncope, individuals should be vaccinated while they are seated or lying down.

5. Always maintain aseptic technique when administering vaccines.

6. Equipment required:

   - Vaccine.
     - Vaccine may come as prefilled/ready to administer or require other injection supplies.
       - **EMT & AEMT personnel are not authorized to reconstitute vaccines, or draw up vaccines in the administration syringe.**
   - 23-25 g, 1-inch needle (and appropriate size syringe if necessary).
     - For larger patients, 1.5-inch needle length may be more appropriate. See below for additional information.

Needle Gauge/Length and Injection Site Guidance			
Pt. gender, age, weight	**Needle Gauge**	**Needle Length**	**Injection Site**
Female/Male 12-18yo	22-25 g	5/8-1” 1-1½”	Deltoid muscle of arm
Female/Male <130 lbs	22-25 g	5/8-1”	Deltoid muscle of arm
Female/Male 130-152 lbs	22-25 g	1"	Deltoid muscle of arm
Female 153-200 lbs	22-25 g	1-1½”	Deltoid muscle of arm
Male 153-260 lbs	22-25 g	1-1½”	Deltoid muscle of arm
Female 200+ lbs	22-25 g	1½”	Deltoid muscle of arm
Male 260+ lbs	22-25 g	1½”	Deltoid muscle of arm

7. Wash hands, don gloves and other appropriate PPE based on situation.

8. Check vaccine expiration date

   - Do not use vaccine if expired, discolored, solid or particulate matter is visible in the vial or syringe, or cold chain has not been adequately maintained.

9. Cleanse the area of the deltoid muscle with the alcohol prep. Deltoid landmarks: 2-3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.

10. Insert the needle at a 90-degree angle into the muscle.

11. Inject entire vaccine into the muscle.

12. Withdraw the needle, and using the alcohol prep, apply slight pressure to the injection site.

13. Do not recap or detach needle from syringe. All used syringes/needles should be placed in puncture-proof containers.

14. Monitor for any symptoms of allergic reaction.

    - Individuals with a history of anaphylaxis should be monitored for 30 minutes after vaccine administration.
    - All other individuals should be monitored for 15 minutes after vaccine administration.

15. Document the following additional information on the Vaccine Consent/Record of Administration form:

    - Date of vaccination.
    - Injection site.
    - Vaccine manufacturer
    - Vaccine lot number.

16. Advise when to return for subsequent vaccination, if appropriate.

17. Complete/submit appropriate documentation:

    - Ensure a Vaccine Consent/Record of Administration form is completed and submitted to local public health for each vaccinated patient.
    - If accessible, record the vaccine information in the patient's medical record and/or their personal immunization record card.
    - Report the vaccination to the appropriate state/local Immunization Information System (IIS), if available.
    - Report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.