



EMT SARS-CoV-2 Vaccine Administration Approval-Pilot Program

Effective: April 1, 2021
Replaces: January 8, 2021
Review: January 8, 2022

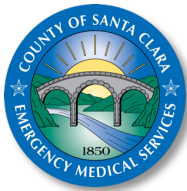
1. Approval of Local Optional Scope of Practice

- 1.1. Under the California Governor's Declaration of Emergency related to COVID-19, EMTs and paramedics are authorized as a local optional scope of practice to perform vaccine administration for the purpose of vaccination against influenza and SARS-CoV-2.
- 1.2. This vaccination protocol shall expire at the termination of the Governor's Declaration of Emergency.
- 1.3. This EMT SARS-CoV-2 vaccination pilot program applies to the Public Safety Vaccination Clinic and ALS provider agencies that have submitted a written plan approved by the EMS Medical Director.
- 1.4. This plan shall minimally include:
 - 1.4.1. All training materials and competency evaluations to be utilized.
 - 1.4.2. Screening for contraindications and precautions of the vaccine.
 - 1.4.3. Completion and secure storage of Vaccine Consent/Record of Administration sheet.
 - 1.4.4. Completion and secure storage of the screening questionnaire.
 - 1.4.5. Documentation of cold storage chain on the Vaccine Refrigerator Temperature Log.
 - 1.4.6. Documentation of Vaccine Information Statement given the vaccine recipient.
 - 1.4.7. Stated intention to vaccinate agency personal only, or to include public vaccination.
- 1.5. Only EMTs in good standing with an ALS provider agency, the EMS Agency, the State EMSA, and that successfully demonstrate competency to the local optional scope will be permitted to administer vaccines.
- 1.6. EMTs must be supervised by paramedics, registered nurses, or physicians in an approximate ratio of 5 EMTs per clinical supervisor in a vaccination clinic setting or one paramedic supervising 2 EMTs in a mobile setting.
- 1.7. The vaccine must be drawn into the syringe by a registered pharmacist or designee.
- 1.8. EMT vaccine administration is only approved within their provider agency and/or other Santa Clara County permitted agency personnel.
- 1.9. If the ALS Provider agency intends to offer public vaccination, the EMS Agency will coordinate with and seek approval from the Santa Clara County Public Health Department.
- 1.10. If approved for public vaccination, EMT vaccine administration is only approved for persons 16 years of age or older.



2. Vaccine Administration Procedure

- 2.1. Asses the need for vaccine.
- 2.2. Screen for contraindications and precautions of the vaccine.
- 2.3. Collect and review Vaccine Consent/ Record of Administration sheet.
 - 2.3.1. Confirm signature
- 2.4. Review screening questionnaire.
- 2.5. Maintain aseptic technique throughout administration.
- 2.6. Vaccine administration is approved for the intramuscular route with a 23-25 gauge, 1-1.5 inch, utilizing an aseptic technique.
- 2.7. Equipment required:
 - 2.7.1. Vaccine
 - 2.7.2. 23-25 g, 1-inch needle
 - 2.7.2.1. For larger patients, 1.5-inch needle length may be more appropriate.
 - 2.7.3. Influenza and SARS-CoV-2 vaccine may come as prefilled/ready to administer or require other injection supplies or sizes.
- 2.8. Wash hands and don gloves.
- 2.9. Check expiration date of vaccine.
- 2.10. Cleanse the area of the deltoid muscle with the alcohol prep.
- 2.11. Deltoid landmarks:
 - 2.11.1. 2-3 finger widths down from the acromion process;
 - 2.11.2. bottom edge is imaginary line drawn from axilla.
- 2.12. Insert the needle at a 90-degree angle into the muscle.
 - 2.12.1. Pulling back on the plunger prior to injection is not necessary.
- 2.13. Inject the vaccine into the muscle.
- 2.14. Withdraw the needle, and using a gauze pad, apply slight pressure to the injection site.
- 2.15. Discard needle and syringe appropriately
 - 2.15.1. Do not recap or detach needle from syringe.
 - 2.15.2. All used syringes/needles should be placed in puncture-proof containers.
- 2.16. Monitor the patient for any symptoms of allergic reaction.
- 2.17. Document the following information:
 - 2.17.1. Date of vaccination
 - 2.17.2. Name of patient
 - 2.17.3. Injection site
 - 2.17.4. Vaccine lot number
 - 2.17.5. Vaccine manufacturer
 - 2.17.6. Vaccine expiration date
 - 2.17.7. Vaccine freeze/thaw/refrigerate/use timeframe
 - 2.17.8. Date of second dose



- 2.18. Complete appropriate documentation:
 - 2.18.1. Vaccine Consent/Record of Administration form:
 - 2.18.2. Vaccine Information Statement:
 - 2.18.3. Patient's medical record:
 - 2.18.4. Personal immunization record card:
 - 2.18.5. Immunization Information System (IIS), or "registry":
 - 2.18.6. Report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
 - 2.18.6.1. To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.
 - 2.18.7. Give patient vaccine information sheet, can be found at www.immunize.org/vis.
 - 2.18.8. Advise patient when to return for subsequent vaccination, if appropriate.

3. EMS System Considerations

- 3.1. Any adverse reaction or injury caused or suspected to be caused by vaccine administration shall require the assignment of an EMS event, an ePCR, all necessary field treatment and referral or transport to a healthcare facility as needed.
- 3.2. The proportion of EMS personnel vaccinated should be calculated, to the extent possible, with the numerator being the number of personnel receiving the vaccine and the denominator being the targeted vaccinee group.