



## EMS Influenza and SARS-CoV-2 Vaccine Administration

**Effective:** September 21, 2021  
**Replaces:** 700-X04 and 700-X08

### 1. Approval of Local Optional Scope of Practice

- 1.1. EMTs and Paramedics are authorized under local optional scope of practice to perform vaccine administration for the purpose of vaccination against influenza and SARS-CoV-2.
- 1.2. The vaccine administration plan shall minimally include:
  - 1.2.1. All training materials and competency evaluations to be utilized.
  - 1.2.2. Screening for contraindications and precautions of the vaccine.
  - 1.2.3. Completion and secure storage of vaccine consent/record of administration.
  - 1.2.4. Completion and secure storage of contraindications screening questionnaire.
  - 1.2.5. Documentation of cold storage chain.
  - 1.2.6. Documentation of Vaccine Information Statement given the vaccine recipient.
  - 1.2.7. Stated intention to vaccinate agency personal only, or to include public vaccination.
- 1.3. Only EMTs and paramedics in good standing with their EMS provider agency, the Santa Clara County EMS Agency, the CAEMS Authority, and that successfully demonstrate competency to the local optional scope of practice will be permitted to administer vaccines.
- 1.4. EMT and Paramedic vaccine administration is only approved for vaccination by and within their EMS provider agency.
- 1.5. If the EMS provider agency intends to offer public vaccination, the EMS provider agency will coordinate with the Santa Clara County Public Health Department.
- 1.6. If approved for public vaccination, EMT and Paramedic vaccine administration is only approved for persons 12 years of age or older.

### 2. Vaccine Administration Considerations

- 2.1. Screen for contraindications and precautions of the vaccine.
- 2.2. Collect and review Vaccine Consent/ Record of Administration sheet.
  - 2.2.1. Confirm signature
- 2.3. Review screening questionnaire.
- 2.4. Maintain aseptic technique throughout administration.
- 2.5. Monitor the patient for any symptoms of allergic reaction following vaccine administration.
- 2.6. Document the following information:
  - 2.6.1. Date of vaccination
  - 2.6.2. Name of patient
  - 2.6.3. Injection site
  - 2.6.4. Vaccine lot number
  - 2.6.5. Vaccine manufacturer



- 2.7. Complete appropriate documentation:
  - 2.7.1. Vaccine Consent/Record of Administration form.
  - 2.7.2. Vaccine Information Statement.
  - 2.7.3. Patient's medical record.
  - 2.7.4. Personal immunization record card.
  - 2.7.5. Immunization Information System (IIS), or "registry":
  - 2.7.6. Report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
    - 2.7.6.1. 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.
  - 2.7.7. Give patient vaccine information sheet, can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
  - 2.7.8. 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.