Subject: Scope of Practice/Procedure – ALS Local Optional Scope
Administration of Intramuscular Influenza and/or COVID-19 Vaccine

Associated Policies:

I. Purpose

To authorize paramedics to administer the intramuscular inactivated influenza and/or COVID-19 vaccine to adult patient populations (14 or older) and pediatric patients (5 to 13 years) when authorized by the LEMSA and the County Public Health Department or Officer, during the COVID-19 Disaster Declaration.

II. Scope

These vaccination policies and procedures shall only be authorized and valid for paramedics accredited in LEMSAs that have been approved to utilize this local optional scope during the California COVID-19 Disaster Declaration.

II. Policy

Paramedics accredited in LEMSAs approved for this local optional scope of practice and having had completed training to administer intramuscular influenza or COVID-19 (when available) may provide these vaccinations to persons as directed by the LEMSA in conjunction with the County Public Health Department.

III. Vaccine Administration Procedure

1. Assess the need for the vaccine in question utilizing the current guidance on that vaccination, which will be provided by the LEMSA and/or the County Public Health Dept. (also see CDC information regarding the seasonal flu vaccine https://www.cdc.gov/flu/prevent/keyfacts.htm)
2. Screen for contraindications and precautions of inactivated vaccine (listed below).
3. Collect and review Vaccine Consent/Record of Administration sheet.
    a. Confirm that the consent has been signed.
4. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
5. Paramedics must maintain aseptic technique when administering the influenza or COVID vaccines.
6. The screening questionnaire must be completed prior to administration of the influenza or COVID vaccine.
7. Equipment required:
    a. Vaccine
    b. 23-25 g, 1-inch needle
        i. For larger patients, 1.5-inch needle length may be more appropriate.
        ii. See “Needle Gauge/Length and Injection Site Guidance” below for additional information.

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iii. COVID-19 vaccine may come as prefilled/ready to administer or require other injection supplies or sizes.

8. Wash hands and don gloves.
9. Check expiration date of vaccine.
10. Cleanse the area of the deltoid muscle with the alcohol prep.
    a. Deltoid landmarks: 2-3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.
11. Insert the needle at a 90-degree angle into the muscle.
    a. Pulling back on the plunger prior to injection is not necessary.
12. Inject the vaccine into the muscle.
13. Withdraw the needle, and using the alcohol prep, apply slight pressure to the injection site.
14. Do not recap or detach needle from syringe. All used syringes/needles should be placed in puncture-proof containers.
15. Monitor the patient for any symptoms of allergic reaction.
16. Document the following information:
    a. Date of vaccination
    b. Name of patient
    c. Injection site
    d. Vaccine lot number
    e. Vaccine manufacturer
17. Complete appropriate documentation:
    a. **Vaccine Consent/Record of Administration form:** ensure this is completed, retained and appropriately submitted after administration.
        i. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.
    b. **Vaccine Information Statement:** document the publication date and the date it was given to the patient.
    c. **Patient's medical record:** if accessible, record vaccine information (above) in the patient's medical record.
    d. **Personal immunization record card:** record the date of vaccination and name/location of administering clinic.
    e. **Immunization Information System (IIS), or "registry":** Report the vaccination

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to the appropriate state/local IIS, if available.

f. **VAERS:** report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
   i. 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.

18. Give patient vaccine information sheet, using the appropriately translated sheet for non-English speaking client; these can be found at www.immunize.org/vis.
19. Advise patient when to return for subsequent vaccination, if appropriate.

VI. Contraindications, Precautions and Considerations for Vaccine Administration

Contraindications for Vaccines

1. 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. For a list of vaccine components, refer to guidance specific to this vaccine provided by the manufacturer and the LEMSA.
   The manufacturer's package insert contains a list of ingredients (www.immunize.org/fda) and these are also listed at
   www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

2. Contraindications for Live Attenuated Vaccines are not pertinent as these are not being administered under this local optional scope of practice.

V. Precautions for use of vaccines – refer to physician

1. Moderate or severe acute illness with or without fever
2. History of Guillain-Barré syndrome within 6 weeks of a previous vaccination
3. 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. Two completely egg-free (ovalbumin-free) flu vaccine options are available: quadrivalent recombinant vaccine and quadrivalent cell-based vaccine.

IV. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and

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medications. Follow local procedure in response to medical emergencies.

For the Immunization Action Coalition's (IAC) "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. For IAC's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf.

Needle Gauge/Length and Injection Site Guidance:

Gender, age, weight of patient	Needle Gauge	Needle Length (inches)	Injection Site
5 to 13 years	22-25	5/8 – 1 1 – 1 ½	Deltoid muscle of arm Anterolateral thigh muscle
Female or male less than 130 lbs	22–25	5⁄8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–11⁄2"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–11⁄2"	Deltoid muscle of arm
Female 200+ lbs	22–25	11⁄2"	Deltoid muscle of arm
Male 260+ lbs	22–25	11⁄2"	Deltoid muscle of arm

A 5⁄8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle with the skin is stretched tight, the subcutaneous tissue not bunched, and at a 90-degree angle to the skin, although specific differences may be required by various COVID-19 manufacturers.