



Virginia Beach Department of Emergency Medical Services



**MEDICAL DIRECTION**

**VACCINATION POLICY**

**PURPOSE:** This policy is designed to provide guidance in operating a program for the administration of vaccines by appropriately certified, authorized, and supervised ALS EMS providers.

**BACKGROUND:** Amendments to the *Code of Virginia*, effective March 29, 2010 recognized certain EMS providers as being authorized to administer vaccinations under the authority of their operational medical director without the physical presence of the medical director. It is intended for the public health and safety; to enhance Department services and to identify those individuals who have been delegated operational authority by the EMS Chief and City's Operational Medical Director.

**APPLICABILITY:** This policy applies to all members of the Department of EMS that have received explicit permission to administer vaccines in accordance with the *Code of Virginia* and associated policies and procedures.

**EXCLUSION:** This policy is not intended to restrict Department Registered Nurses from approved areas in reference to the Nursing Practice Act or EMS providers that could be authorized to administer vaccines in the event of a declared emergency by the Governor under the direction and authorization of the Commissioner of Health.

**POLICY STATEMENT:** It shall be the policy of the Department to establish strict procedures for the administration of vaccines by specifically trained and sanctioned ALS providers at the EMT Intermediate and Paramedic certification levels.

## **PERSONNEL AND RESPONSIBILITIES:**

The Operational Medical Director serves as the “prescriber” as identified in the *Code of Virginia*, and as the supervising physician for the EMS providers administering vaccines and the vaccination program.

### Program Manager

A Division Chief appointed for the management of the program and listed as the “Administrator” for the Virginia Immunization Information System (VIIS) program.

### Vaccination Coordinator Requirements

The Coordinator shall:

- Hold a valid, unrestricted Virginia Department of Health Registered Nurse or EMS ALS (EMT-Intermediate or Paramedic) certification.
- Ensures compliance of the vaccination program with mandated registration, inventory, documentation, reporting, and training.

### Vaccinators

EMS ALS (EMT-Intermediate or Paramedic) providers participating in this vaccination program must:

- Hold a valid, unrestricted Virginia certification as an EMT-Intermediate or Paramedic.
- Be released as an unrestricted ALS AIC in the VBEMS system.
- Attend training and pass practical and written examinations.
- Be specifically and individually approved by the OMD as a vaccinator.
- Strictly follow protocols approved by the OMD for vaccine administration.
- Must attend retraining as required to maintain their approval to function in this program.

## **POLICY**

- The OMD will approve each provider that will administer vaccines.
- Each provider administering vaccines will receive appropriate training in the handling of the vaccine, screening and provision of information and informed consent to vaccine recipients; specific administration protocols for each vaccine administered; observation of vaccine recipients; and management of complications of vaccine administration (including severe allergic reaction) and the maintenance of appropriate records regarding vaccine administration.
- A written record will be maintained by the vaccination coordinator of those providers approved and trained to administer vaccine.
- The data entry clerk will enter information from prescribed forms into the VIIS program.

- Before administering any vaccine, a copy of the most recent Vaccine Information Statements (VIS) will be provided to the recipient or their legal guardian.
  - Provision of the appropriate VIS is required by federal law.
  - Such information must be reviewed with the adult recipient, or, if a minor, by their parent, legal guardian or person standing in loco parentis to confirm their understanding of the benefits and risks of the intended vaccine.
- Every recipient will be screened for indications and contraindications prior to administering the vaccine.
  - Screening tools shall, at a minimum, follow CDC and manufacturer's recommendations.
  - A record of vaccine administration must be placed in the recipient's vaccination record and a second copy kept at the administering location documenting the date that the vaccine was administered, the route, dose, site, manufacturer and lot number, the publication date of the Vaccine Information Statements (VIS), along with the name and title of the person administering the vaccine.
- Vaccine record keeping shall conform to guidelines of the VIIS and the vaccination program shall remain registered with the VIIS.
- Adverse reactions to vaccine administration shall be managed within existing EMS protocols
- Adverse reactions to vaccine administration will be identified and reported through the Vaccine Adverse Event Reporting System (VAERS) by the vaccination coordinator.

**ORDERED:**



**1/25/2017**

EMS Chief

Date



01/25/2017

**Stewart W. Martin, MD    Date**  
**Operational Medical Director**

## **Protocol Administration of Influenza Vaccination Shots**

### **I. Purpose**

As health care's most accessible and mobile health professionals, the paramedic uniquely advocates for the public's safety and health. Paramedics (and EMT – Intermediates) working for Virginia Beach EMS utilize their unique access to patients, their peers and other public safety professionals and their knowledge and skills to administer influenza immunizations when a practitioner with prescriptive authority is not present provided that the following requirements for staff, emergency procedures and physician prescriptive protocol are followed.

### **II. Target Population**

The communities the EMS agency serves.

### **III. Name, Address and Phone Number of Operational Medical Director**

Stewart Martin, MD  
City of Virginia Beach  
477 Viking Drive, Suite 130  
Virginia Beach, Virginia, 23452  
757.385.1999

### **IV. A Signed and Dated Medical Directive**

Attachment A

### **V. Screening Criteria: (Attachment D)**

#### **Influenza - Inactivated vaccine (flu shot)**

- ◆ Persons wishing to reduce the likelihood of becoming ill with influenza
- ◆ Persons 65 years of age and older
- ◆ Residents or employees of nursing homes or other LTC facilities housing anyone of any age with chronic medical conditions
- ◆ Persons capable of nosocomial transmission of influenza to high-risk persons
- ◆ Persons with chronic disorders of lung (COPD, asthma, emphysema, chronic bronchitis), heart (CHF), diabetes mellitus, renal dysfunction, hemoglobinopathies (sickle cell disease)
- ◆ Health care workers and others with contact with people of high risk groups

- ◆ Persons who are less able to fight infections due to hereditary disease, infection with HIV, treatment with drugs such as long term steroids; and /or treatment with cancer with x-rays or drugs
- ◆ Persons who are less able to fight infections because of a disease they are born with, infection with HIV, treatment with drugs such as long term steroids; and/or treatment with cancer with x-rays or drugs

***Contraindications:***

- ◆ Pregnant women in the first trimester
- ◆ Persons who are allergic to eggs
- ◆ Persons who have had a serious allergic reaction or other problems after getting influenza vaccine
- ◆ Persons with an acute illness until they have stabilized

***Special Considerations:***

- ◆ Pregnant women in the 2nd or 3rd trimester who seek the vaccine should have it administered by their physician

**Influenza – Intranasal, Live attenuated vaccine**

- ◆ Persons wishing to reduce the likelihood of becoming ill with influenza
- ◆ Healthy persons 18 to 49 years of age
- ◆ It takes about 2 weeks for protection to develop after vaccination, and protection can last up to a year.
- ◆ Influenza viruses are constantly changing. Therefore, influenza vaccines are updated every year, and annual vaccination is recommended.

***Contraindications:***

- ◆ Persons who are allergic to eggs
- ◆ Persons who have had a serious allergic reaction or other problem after getting influenza vaccine
- ◆ Children and adolescents (5-17 years of age) receiving aspirin therapy or aspirin-containing therapy
- ◆ Persons who are immunocompromised or have an immune deficiency disease
- ◆ Patients with a history of Guillain Barre syndrome

***Special Considerations:***

- ◆ Not indicated in patients with diabetes, renal dysfunction, or chronic disorders of the pulmonary and cardiovascular systems
- ◆ Not indicated for adults 50 years of age or older
- ◆ Not indicated in women who are pregnant

## **VI. Informed Consent Form (VIS)**

Attachment BI or BII

## **VII. Vaccination Administration Record**

Attachment CI and CII

## **VIII. Immunization Procedures:**

Vaccinations to be Administered

### **Influenza**

Dosage: 0.5ml

Injection Site: IM, deltoid

Directions for use: Inject once yearly between October and November for best efficacy.

Storage: Refrigerate, 36-46°F

Source of Vaccine: (i.e., 5ml multi dose vial or 1ml prefilled syringe)

### **Influenza – Intranasal**

Dosage: 0.5ml

Injection Site: Intranasal

Directions for use: Spray 0.25 ml in each nostril once yearly between October and November for best efficacy

Storage: Keep frozen <5°F

Source of Vaccine: (i.e., 0.5ml prefilled syringe)

## **IX: Injection Procedure**

1. Review and provide emergency procedures. In all cases follow standard precautions.
2. Review indication for injection. Make sure patient has read CDC information sheets for the specific vaccine to be administered if available. Obtain history regarding allergy and previous adverse reactions to administration of specific vaccine. Rule out any specific contraindication or precaution for specific vaccine.
3. Obtain consent for injection.
4. Record lot number and expiration date from vaccine vial. Double check dose, swab top of vial with alcohol; allow to dry.
5. If not using a prefilled syringe, inject an equal volume of air into the vaccine vial of the volume of vaccine to be removed; then withdraw that volume of vaccine. Draw up an additional 0.2-0.3 ml air into the syringe to clear needle of vaccine and preventing vaccine seepage from injection site.

6. Cleanse injection site thoroughly using friction with alcohol. Allow to dry. All procedures must be performed in compliance with standard precautions.
7. Establish anatomic landmarks. Have the needle and syringe completely ready prior to contact with the patient.
8. Carry out the procedure quickly and gently.
9. Following injection, massage site. Apply adhesive bandage.
10. Dispose of uncapped needle in an approved sharps container using universal precautions. All full sharps containers must be disposed of according to state regulations.
11. Record the injection site in the chart or profile, and update the patient's immunization record.

#### **X. Post-Immunization Procedures**

Following immunization, keep patients under observation for at least 15-20 minutes. Before leaving, patients should be advised to report any adverse event to you and their primary care provider.

#### **XI. Emergency Procedures:**

1. Be prepared to call 911
2. Take a thorough history of allergies and adverse reactions prior to vaccine administration.
3. Allow adequate physical space for fainting without injury, and to lay patient flat.
4. Maintain a readily available jump bag, O2 and administration devices, IV and drug box.
5. Follow the appropriate TEMS assessment and treatment protocols.

#### **XII. Qualification of Immunization providers.**

**SEE PERSONNEL AND RESPONSIBILITIES IN THE VACCINATION POLICY**

#### **XIII Resource Personnel and Supervision.**

**SEE PERSONNEL AND RESPONSIBILITIES IN THE VACCINATION POLICY**

#### **XIV. Documentation**

Each vaccinator documents all immunizations on approved forms as required by statute. The vaccinator records the immunizations on the Vaccination Administration Record (Appendix C) provided to the patient or the patient's guardian. The agency maintains a patient record of administration with a completed copy of the Vaccination Administration Record.

The data clerk will enter the information from the prescribed forms into the Virginia Immunization Information System (VIIS).

Adverse reactions to vaccine administration will be identified and documented on prescribed forms by the vaccinator and reported through the Vaccine Adverse Event Reporting System (VAERS) by the vaccination coordinator.

#### **XV. Minor and Major Side Effects**

##### **Influenza**

###### ***Mild/Moderate***

soreness, redness, or swelling at the injection site, fever, aches

##### **Influenza – Intranasal**

###### ***Mild/Moderate***

nasal congestion, runny nose, cough, and sore throat

**Attachment D  
Patient History and Screening Criteria**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please read the questions below. Indicate Yes or No for the person receiving a vaccine today.

	Yes	No
1. Has this person ever had a severe reaction to any vaccine, which required medical care?	_____	_____
2. Has this person ever been vaccinated for influenza before?	_____	_____
3. Has this person ever had a reaction to the influenza vaccine?	_____	_____
4. Is this person allergic to eggs?	_____	_____
5. Is this person pregnant?	_____	_____
6. Is this person feeling well today?	_____	_____

Vaccinator

\_\_\_\_\_  
Name                      Signature                      Date