



**PARAMEDIC ADMINISTRATION OF INTRAMUSCULAR  
INFLUENZA AND/OR COVID-19 VACCINES TO THE PUBLIC**

**INDICATIONS:**

Authorize paramedics to administer intramuscular inactivated influenza and/or COVID-19 vaccine to the general public age 14 years and older when authorized by OCEMS and the county public health department or officer during the COVID-19 Disaster Declaration.

This vaccination procedure shall only be authorized and valid for paramedics accredited by OCEMS with the understanding that OCEMS is approved to utilize this local optional scope during the California COVID-19 Disaster Declaration.

With approval of OCEMS to implement this local optional scope of practice, Orange County accredited Paramedics may provide these vaccinations as directed by OCEMS in conjunction with public health department only after having completed training to administer intramuscular influenza vaccine. It is the joint responsibility of participating departments/agencies and OCEMS to provide the training, supervision, all associated documentation, and quality assurance activities.

**CONTRAINDICATIONS:**

- History of 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. The manufacturer's package insert contains a list of ingredients ([www.immunize.org/fda](http://www.immunize.org/fda)) and these are also listed at [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)
- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of a previous vaccination
- People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg)

**PROCEDURE:**

1. Assess the need for the vaccine in question utilizing the current guidance on that vaccination, which can be obtained from the CDC information regarding the seasonal flu vaccine (<https://www.cdc.gov/flu/prevent/keyfacts.htm>) or COVID-19 vaccine.
2. Screen for contraindications and precautions of inactivated or COVID-19 vaccine (listed above).
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.
    - iii. COVID-19 vaccine may come as prefilled/ready to administer or require other injection supplies or sizes.

Approved:

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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.

**DOCUMENTATION:**

Document the following information:

1. Date of vaccination
2. Name of patient
3. Injection site
4. Vaccine lot number
5. Vaccine manufacturer
6. Signed vaccine consent form
7. Give the patient a vaccine information statement and document the date received and the publication date of the form
8. Record the vaccine information in the recipient's employment file
9. Name and location of administering facility site
10. Report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
  - a. 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.

**NOTES:**

All participating departments/agencies will document those paramedics trained for this Local Optional Scope of Practice and submit to OCEMS a roster of all those paramedics attending the training course.

Be prepared for the management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and 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](http://www.immunize.org/catg.d/p3082.pdf).

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Approved:

*Carl Schultz, M.D.*

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