 <b>NOR-CAL</b> EMS	<b>1218</b>	<b>Vaccinations</b>
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 09/29/21		Next Revision: 09/21/24
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

## Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

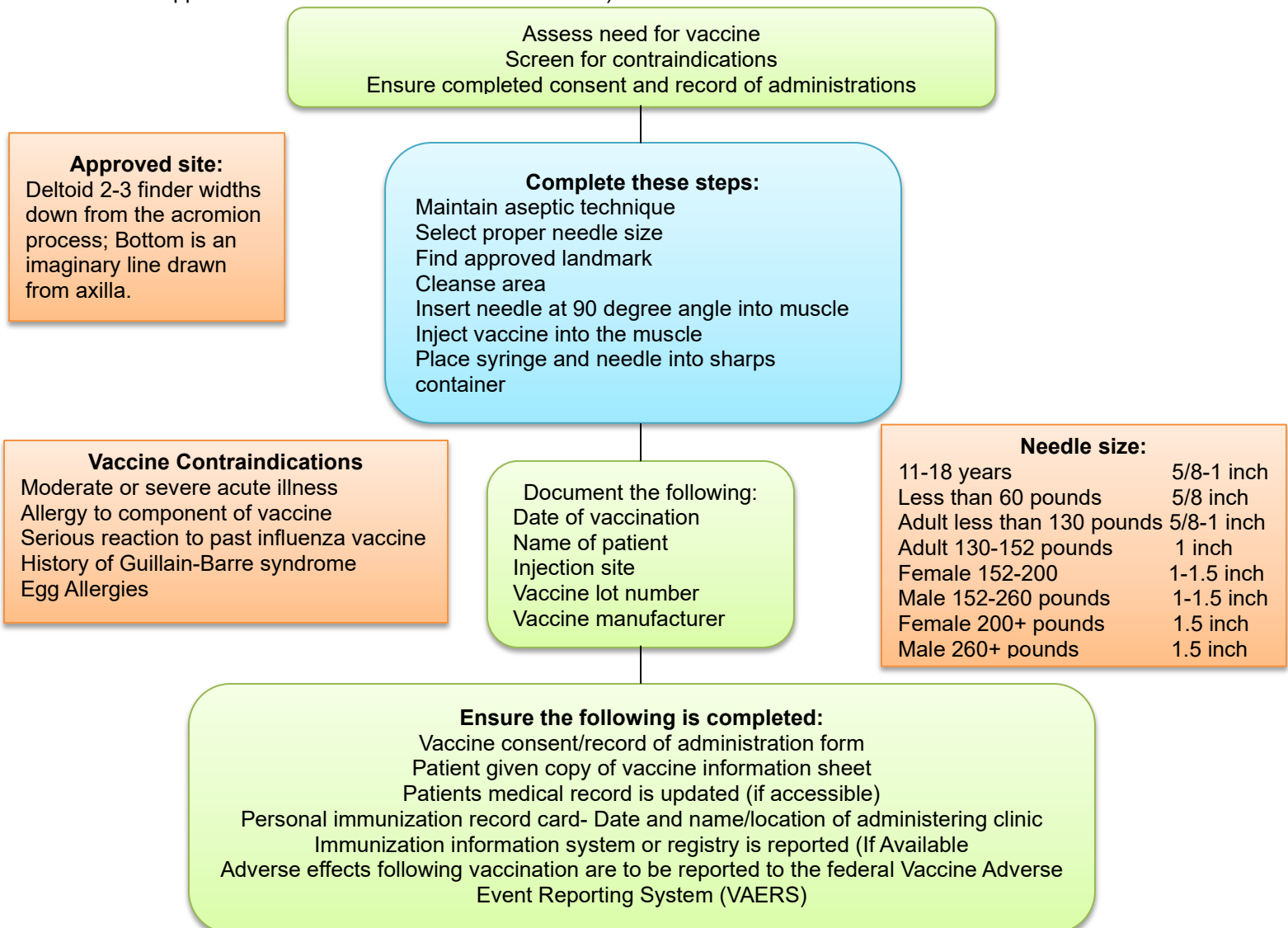
## Purpose

To authorize EMT, AEMT and paramedics to administer the intramuscular inactivated influenza and/or COVID-19 vaccine to adult patient populations (12 year of age or older) under the supervision and in compliance with the County Public Health Department

To authorize EMT, AEMT, as well as non Nor-Cal accredited paramedics to administer the intramuscular COVID-19 vaccine to EMSA/LEMSA/County Public Health Department authorized patient populations during the COVID-19 Disaster Declaration.

Vaccine **MUST** be appropriately refrigerated, and **NOT expired**. EMT/AEMT **MAY NOT** mix or draw up vaccination- the allowance is for administration **ONLY**.

The training and testing in Policy 6211-6215 must be completed by the EMT/AEMT/Paramedic and retrained by the Provider Agency. Rosters of completed training must be sent to Nor-Cal EMS. (Non-Accredited Paramedics must complete and return the training/test and current Paramedic certification to Nor-Cal EMS for approval to administer the COVID-19 Vaccine)



Assess need for vaccine  
Screen for contraindications  
Ensure completed consent and record of administrations

**Approved site:**  
Deltoid 2-3 finger widths down from the acromion process; Bottom is an imaginary line drawn from axilla.

**Complete these steps:**  
Maintain aseptic technique  
Select proper needle size  
Find approved landmark  
Cleanse area  
Insert needle at 90 degree angle into muscle  
Inject vaccine into the muscle  
Place syringe and needle into sharps container

**Vaccine Contraindications**  
Moderate or severe acute illness  
Allergy to component of vaccine  
Serious reaction to past influenza vaccine  
History of Guillain-Barre syndrome  
Egg Allergies

Document the following:  
Date of vaccination  
Name of patient  
Injection site  
Vaccine lot number  
Vaccine manufacturer

**Needle size:**

11-18 years	5/8-1 inch
Less than 60 pounds	5/8 inch
Adult less than 130 pounds	5/8-1 inch
Adult 130-152 pounds	1 inch
Female 152-200	1-1.5 inch
Male 152-260 pounds	1-1.5 inch
Female 200+ pounds	1.5 inch
Male 260+ pounds	1.5 inch

**Ensure the following is completed:**  
Vaccine consent/record of administration form  
Patient given copy of vaccine information sheet  
Patients medical record is updated (if accessible)  
Personal immunization record card- Date and name/location of administering clinic  
Immunization information system or registry is reported (If Available)  
Adverse effects following vaccination are to be reported to the federal Vaccine Adverse Event Reporting System (VAERS)