ALL

I. The medical director for each emergency medical service may authorize EMS professionals within the organization to administer immunizations whose route is within their scope of practice (EMFTS Board Action 8/19/2020). ORC Section 4765.391 requires reporting for each immunization administered under this section. The EMS professional administering the immunization shall, not later than thirty days after the immunization is administered, do either of the following:

A. Provide notice of the immunization administration to the board of health of the city or general health district in which the individual receiving the immunization resides or, if there is no board of health for that district, the authority having the duties of a board of health under section 3709.05 of the Revised Code;

B. Submit the immunization administration information to the state immunization registry maintained by the department of health.

II. PROCEDURE

A. Identify adults with no history of this vaccination, or an influenza vaccination for the current influenza season, or as otherwise indicated by the medical director or public health recommendations.

1. For children, please reference the CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020. https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
2. For adults, please reference the CDC Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2020. https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

B. Screen all patients for contraindications and precautions to vaccinations:

1. Contraindications:
   a. Serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components.
   b. For a list of vaccine components, go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf
   c. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who has a history of either an anaphylactic or non-anaphylactic hypersensitivity to eggs; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), children receiving salicylate therapy, children ages 2-4 who have asthma or who have had a history of wheezing in the past 12 months, cardiovascular (excluding hypertension), renal, hepatic, neurologic/ neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV, people caring for severely immunocompromised individuals, persons without a spleen or a non-functional spleen, people with cochlear implants, people with active cerebrospinal fluid (CSF) leaks.
2. Precautions:
   a. Moderate or severe acute illness with or without fever
   b. History of Guillain Barré syndrome within 6 weeks of a previous vaccination
   c. For live attenuated vaccines only, close contact with an immunosuppressed person when the person requires protective isolation.
   d. Receipt of antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
3. Other considerations:
   a. Onset of hives only after ingesting eggs: healthcare providers familiar with the potential manifestations of egg allergy should administer inactivated vaccine and observe patient for 30 minutes after receipt of the vaccine for signs of a reaction.
   b. Refer to the CDC or manufacturers website regarding the types of vaccines available, and specifically whether it is egg derived.

C. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Documentation must include the publication date of the VIS and the date it was given to the patient.

Non-English speaking patients must be provided with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis .

D. Administer the vaccine using the appropriate procedure per the manufacturer based on the vaccine supplied: (below are 2 examples)
   1. Injectable quadrivalent influenza vaccine:
      a. For adults of all ages, give 0.5 mL of intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A 5/8" needle may be used for adults weighing less than 130 lbs. [<60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.
   2. Intranasal live-attenuated influenza vaccine:
      a. For healthy adults younger than age 50 years, 0.1 mL is sprayed into each nostril while the patient is in an upright position. (Total dose of 0.2 ml)

E. Document each patient's vaccine administration information and follow up in the following places:
   1. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   2. Personal immunization record card: Record the date of vaccination and the name/location of the administering facility.

F. Patients should be observed for ten minutes after immunization for any allergic reaction.
   1. Report all adverse reactions to a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov or http://vaers.hhs.gov/resources/vaersmaterialspublications

NOTES:

G. Refer to the manufacturer's guidance regarding appropriate storage, transportation, and administration of the vaccine.

H. The Ohio Department of Health Vaccines for Children (VFC) website has multiple resources for temperature logging forms, how to vaccinate, Vaccine Information Statements and other materials. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Immunization/Vaccines-for-Children-VFC/

I. As of the publication of this protocol, a COVID-19 vaccine is not available. Nothing in this protocol precludes the administration of the COVID-19 vaccine if released.