



# Yolo County Emergency Medical Services Agency

## Pandemic ALS Local Optional Scope

Date: September 16, 2020

### INFLUENZA/COVID-19 VACCINE ADMINISTRATION

#### Adult

#### Purpose

For approved Yolo County Local Optional Scope ALS Providers (Paramedics) in assisting Yolo County in administering intramuscular Influenza and COVID-19 vaccine to the adult population (12 or older) when authorized by Yolo County, during the COVID-19 Disaster Declaration.

#### Procedure

- Maintain aseptic technique when administering the influenza or COVID-19 vaccines
- Equipment required:
  - Vaccine
  - 22- to 25-gauge, 5/8- to 1½-inch needle (dependent on size of patient)
- Wash hands and don gloves
- Check expiration date of vaccine
- Cleanse the area of the deltoid muscle with the alcohol prep
  - Deltoid landmarks: 2 - 3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.
- Insert the needle at a 90-degree angle into the muscle.
  - Pulling back on the plunger prior to injection is not necessary
- Inject the vaccine into the muscle
- Withdraw the needle, and using the alcohol prep, apply slight pressure to the injection site
- Do not recap or detach needle from syringe. All used syringes/needles should be placed in puncture-proof containers.
- Monitor the patient for any symptoms of allergic reaction.

#### Contraindications & Considerations/Precautions

- Contraindications
  - 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.
- Considerations
  - Be Prepared to Manage Medical Emergencies (allergic reaction/anaphylaxis)
- Precautions
  - Moderate or severe acute illness with or without fever
  - History of Guillain-Barré Syndrome within six (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 eggs) should be vaccinated in a medical setting.



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| Adult<br>Documentation   |
|--|
| <ul style="list-style-type: none"> <li>• Document the following information:               <ul style="list-style-type: none"> <li>○ Date of vaccination</li> <li>○ Name of patient</li> <li>○ Injection site</li> <li>○ Vaccine lot number</li> <li>○ Vaccine manufacturer</li> </ul> </li> <br/> <li>• Complete appropriate documentation as directed by the County:               <ol style="list-style-type: none"> <li>a. <b>Vaccine Consent/Record of Administration Form:</b> ensure this is completed, retained and appropriately submitted after administration.</li> <li>b. <b>Vaccine Information Statement:</b> document the publication date and the date it was given to the patient.</li> <li>c. <b>Personal Immunization Record Card:</b> record the date of vaccination and name/location of administering clinic.</li> <li>d. <b>Immunization Information System (IIS), “registry”, VEARS:</b> will be completed by County Staff</li> </ol> </li> <li>• Give patient vaccine information sheet, using the appropriately translated sheet for non-English speaking client.</li> <li>• Advise patient when to return for subsequent vaccination, if appropriate.</li> </ul> |

| Guidance                         |              |                         |  |
|----------------------------------|--------------|-------------------------|--|
| Gender, age, weight of patient   | Needle Gauge | Needle Length, (inches) | Injection Site                                       |
| 11 - 18 years                    | 22 - 25      | 5/8 - 1 or 1 - 1½       | Deltoid muscle of arm/<br>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 - 1½                  | Deltoid muscle of arm                                |
| Male 153 - 260 lbs               | 22 - 25      | 1 - 1½                  | Deltoid muscle of arm                                |
| Female 200+ lbs                  | 22 - 25      | 1½                      | Deltoid muscle of arm                                |
| Male 260+ lbs                    | 22 - 25      | 1½                      | Deltoid muscle of arm                                |